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ABSTRACT

This assistant drivers trainee study guide is designed for use by students in a school bus driver instruction program as a preclass assignment, a textbook/notebook during instruction, and a reference book after instruction. A companion instructor's guide is available separately--see Note. The guide is divided into five units: (1) Developing a Positive Attitude toward Handicapping Conditions, (2) Who are the Children with Handicapping Conditions, (3) Responsibilities of the School Bus Transportation Team, (4) Behavior Management Techniques, and (5) First Aid. Each unit contains the following: table of content, statement of objectives, complete textual outline of the necessary content material trainees must learn to accomplish the objectives, a column for trainee's notes beside the text material, and unit review questions. (YLB)

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NEW YORK STATE

SCHOOL BUS DRIVER

TRAINING PROGRAM

ASSISTANT DRIVERS TRAINEE STUDY GUIDE

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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FOREWORD

During the 1975-1976 school year, the Commissioner's Transportation Advisory Committee expressed a need to develop training materials for assistant drivers, referred to as monitors, aides or escorts in most school districts throughout New York State. Consideration was given to developing curriculum for assistant drivers on buses that transported children with handicapping conditions exclusively and those that transport all pupils, including those with handicapping conditions. It was decided that the curriculum for the Assistant Driver's Manual should focus on transportation for children with handicapping conditions.

In school districts where assistant drivers are used on vehicles that do not transport children with handicapping conditions exclusively, the Basic School Bus Driver Training curriculum is recommended or a combination of the Basic and Assistant Driver curriculum. This manual represents a comprehensive effort by the State Education Department to develop curriculum that meets the needs of school districts throughout New York State including New York City. More than 50% of the curriculum in the Assistant Driver's Manual was taken from The Training Program for School Bus Escorts, published by the New York City Board of Education in 1977. This manual was written using the same format and other similarities as the Basic and Advanced School Bus Driver Training Manuals, published by the State Education Department in 1977 and 1979.

The Assistant Driver's Manual was written by R. Delano Rogers and developed under the direction of Richard R. Ahola, Supervisor in School Business Management and under the supervision of Watson I. Goodrich, Associate in School Business Management.

A special thanks to John Marchi, Director of Transportation, Putnam-Westchester BOCES, for his review of the New York City Escort's Manual for customizing to the needs of New York State and to the more than 30 transportation supervisors throughout New York State who completed the content questionnaire used for development of the Assistant Driver's Manual. And finally a special acknowledgement to Lisa Finkell for her assistance in preparing the manuscript.

A special appreciation is expressed to the Governor's Traffic Safety Committee, Department of Motor Vehicles; and the New York City Board of Education, Bureau of Pupil Transportation, for their very special contributions.

Charles T. Button

Chief, Bureau of Special Educational

Management Services

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INTRODUCTION TO TRAINEE STUDY GUIDE

The Trainee Study Guide is designed for use by the students as a preclass assignment, as a textbook/notebook during instruction and a reference book after instruction. It contains the same CONTENT as the Instructor's Guide, except instead of the INSTRUCTOR'S GUIDELINES, a column has been left for NOTES.

Like the Instructor's Guide, the Trainee Study Guide is divided into five units. Each unit contains the following:

1. A Table of Contents.
2. A statement of the Objectives for the trainees.
3. A complete textual outline of the necessary CONTENT material the trainees must learn to accomplish the objectives.
4. A column for the trainee's NOTES. This column should be used by the trainee to insert data concerning local policy, laws, regulations and other relevant information.
5. Unit Review Questions.

Student Participation

The course has been designed to be as flexible as possible: i.e., it was designed to be usable by all school districts in New York State. To obtain the maximum benefit from this program, it is most important that you complete all assignments, take notes in class and participate in the class discussion. Assignments will probably be given in and/or out of class. Notes should be taken on a regular basis to improve the local curriculum content. And, your verbal participation should not only stimulate communication between you and the instructor, but also between you and your fellow school bus drivers.

It is the sincere hope of the State Education Department that this course be a critical component of a continuous training program on the local level for assistant drivers.

ASSISTANT DRIVER'S UNIT I

DEVELOPING A POSITIVE ATTITUDE TOWARD HANDICAPPING CONDITIONS

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OBJECTIVES

By the end of this unit, the school assistant drivers should be:

1. Knowledgeable about the legal rights of children with handicapping conditions to an education and transportation privileges which enable them to attend school.
2. More aware of the negative attitudes that are frequently developed towards children with handicapping conditions.
3. Aware that children with handicapping conditions have needs, feelings and the right to human dignity as do all people, although these conditions do tend to often make them dependent upon others to achieve self fulfillment.

OVERVIEW

NOTES	CONTENT
	This unit is designed to acquaint assistant drivers with the laws requiring academic preparation of children with handicapping conditions. It is also designed to familiarize assistant drivers with the manner in which these laws are administered in New York State. Assistant drivers are encouraged to examine their attitudes toward transporting children with handicapping conditions and also the ways in which positive attitudes increase effective job performance. As an introduction to the assistant driver training course, please complete the Positive Attitude Questionnaire found at the end of this unit. Circle the letter of the response which seems to best answer the question. This questionnaire will be used as a measure of the effectiveness of this course. Be as honest as possible when responding to the questions. Do not be concerned with test scores because the questionnaire will not be graded. You will have ten minutes to complete the questionnaire.

NOTES

CONTENT

The children you transport to school are very special. They are special as a group of individuals because they function with handicapping conditions. They are children who may walk, talk or look different than other children; they are children who may behave differently because they may not be able to see or hear, read or write. But they are going to school each day like all other children. And, like other children, they need the consideration, respect and concern of the people around them to help them grow and develop their skills and abilities.

Children with handicapping conditions are entitled to the academic benefits and guarantees provided by Federal and State laws governing all children. Transportation to and from special classes is frequently necessary in order to fulfill the child's legal right to an education.

In 1975, the Federal Government passed The Education of All Handicapped Children Act which assures that all handicapped children receive a free public education which emphasizes special education and related services.

"(16) The term 'special education' means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child...."

1. P.L. 94-142 Sec. 3

   "The term 'related services' means transportation....The term 'free appropriate public education' means special education and related services which have been provided at public expense, under public supervision and direction, and without charge...."

In additon to the Federal Law, New York State law requires Boards of Education to provide for both the education and transportation of children requiring special education.

LAWS AND REGULATIONS RELEVANT TO TRANSPORTING THE HANDICAPPED

NOTES

CONTENT

The State Education Department, Bureau of Special Educational Management Services, administers the services and contracts for transportation with school districts and private bus companies throughout New York State. New York State Education Law (Section 4401) defines the children with handicapping conditions who are eligible for special services and transportation to those services. The law states:

> "A 'handicapped child' means a person under the age of twenty-one who is entitled to attend public schools pursuant to section thirty-two hundred two of this chapter and who, because of mental, physical or emotional reasons can receive appropriate educational opportunities from special services and programs to include, but not limited to, transportation, and the special services and programs delineated in subdivision two of this section."

Section 200.1 (d) of the Regulations of the Commissioner of Education, not only defines the child with a handicapping condition as indicated above in the state law, it also takes the opportunity to define mental, physical and emotional handicapping conditions.

These conditions are defined by the regulations as follows:

> (1) "A 'mental reason' means a condition which impairs or limits the child's intellectual functioning.
>
> (2) A 'physical reason' means orthopedic, visual, auditory, neurological and other medical or organic conditions which result in inability to benefit from the regular educational programs for nonhandicapped children without some form of special services or programs.
>
> (3) An 'emotional reason' means a condition of psychosocial origin leading to behavior which interferes with the child's ability to adjust to and benefit from existing regular class programs."

NOTES	CONTENT
	In other words, the children you are assisting are handicapped by either a mental, physical or emotional condition. As a result of their handicapping condition, they are receiving academic training in special schools or special classes in regular schools. These are children who may have fewer abilities and less potential than other children. Generally speaking, these children are more like normal children than they are different. Few children, whether or not they have a handicapping condition, are born with every attribute, but each child is special in his or her own way. Each grows at a different rate with his or her own identity and his or her own way of behaving. Each has his or her own abilities, his or her own way of behaving. Each has his or her own abilities and his or her own potential.

ATTITUDES TOWARDS THE HANDICAPPED

NOTES

CONTENT

Children with handicapping conditions are often shortchanged in their first contacts with people. A person with a handicapping condition may be judged by others according to what is seen or known about the condition. Many people who do not have handicapping conditions are unaware of the limitations of certain handicapping conditions and may be misinformed about the true nature of a particular condition.

Being different, being handicapped physically, emotionally or mentally is regarded as abnormal and undesirable by our society. The message that youth, beauty and intelligence are normal and desirable is communicated very early. These values persist in our culture and help form our attitudes toward individuals with handicapping conditions.

Through the influence of family, friends and the media, our attitudes develop and help determine our behavior. In some instances, we are aware of our attitudes towards a particular group of people or a situation. But, attitudes can also be unconscious and cause us to react without even realizing why we are behaving in a certain way. Most people feel sympathy for a person with a handicapping condition. However, because health and beauty are so highly prized by our culture, we may inadvertently recoil from an individual with a severe condition. Some handicapping conditions are not pleasant to see and some of the situations involving children with these conditions can be frightening.

Most people who do not understand others with handicapping conditions unwisely sympathize with them instead of empathizing with them. Sympathy is an emotion that is better avoided by assistant drivers in as much as it does not help the person with the handicapping condition.

ATTITUDES TOWARDS THE HANDICAPPED

NOTES	CONTENT
	People who work with individuals who have handicapping conditions sometimes report that their initial contacts were upsetting and unpleasant. As they became more familiar with the handicapping conditions and, even more important, with the individual behind the handicap, their first impressions changed very radically. Children with handicapping conditions are like other children. They deserve the same care and concern, the same consideration and respect that every child needs for proper development.

THE POWER OF A POSITIVE ATTITUDE

NOTES	CONTENT
	Your positive attitude communicates to the children your belief in their ability to learn, grow and develop. Children with handicapping conditions depend on you to be open and honest; to recognize them as total human beings with strengths and talents as well as weaknesses. If you are convinced that these children can and do learn, you will be able to encourage or promote their success by being sensitive to their needs. When you help children to feel successful, they can be spontaneous and relaxed. When children are able to please you, they gain self-confidence and learn to like themselves. If people react negatively to a child with a handicapping condition, that child is taught that being disabled is unacceptable. Under these circumstances it is difficult for the child with a handicapping condition to function successfully. Due to the nature of certain handicapping conditions, you will sometimes encounter children who are disruptive while being transported. Although many of them look physically like other children attending school, it is important to realize that despite their normal appearance, these children have learning or behavior problems which require special education and special services. By maintaining a positive attitude, even when a situation has negative emotional overtones, you are demonstrating your sensitivity. An emotionally immature teen-ager who behaves like a four-year old is often difficult for us to deal with constructively; it is easy for such a child to "get on your nerves." With a positive attitude, you are able to dislike the child's behavior without disliking the child.

THE BUS RIDE AS A POSITIVE EXPERIENCE

NOTES

CONTENT

What your passengers learn about appropriate behavior on your vehicle will affect their behavior in school and their behavior on other means of transportation. Some of the children who are severly impaired may be returning to the community from institutional programs. They may be attending school for the first time. In many of these cases, the social world of the children will have centered around the home, the family, the community clinic or the institution. When these children take their first bus trip to school, it will be the first time they are in an independent situation. For many children, this is their first experience with strangers outside of the home or institution, and they may be insecure and subsequently afraid of the unknown. It is you, the assistant driver who must help the child deal with fears and anxieties as they occur. How well you are able to do this may determine the child's future attitude towards school.

The children you transport:

- Want you to have positive feelings towards them.
- Can learn to be spontaneous and relaxed when they feel successful.
- Can learn to please others with their success.
- Can learn how to become sensitive to the needs and feelings of others when this sensitivity is demonstrated by others (assistant drivers).

With a positive attitude, you communicate to the children your acceptance of their human worth: the fact that you recognize the importance of the role you play in their lives and welcome the opportunity to be part of a team of people who provide personalized services to a segment of our population that typically has not received the type of financial assistance required to training them for mainstream employment opportunities.

BEHAVIOR MODIFICATION TECHNIQUES

NOTES	CONTENT
	Many children with handicapping conditions have failed repeatedly and choose failure instead of experiencing further rejections. Subsequently, effective use of behavior modification techniques is essential when dealing with these children. The foundation for effective use of behavior modification is development of a positive climate on the school bus. This climate should promote a happy, cooperative frame of mind for children to begin and end their school day. Let them know you like them - A smile or a friendly pat on the head shows affection for children and helps them feel good about themselves. Letting children with a handicapping condition know that you like them is the first step in developing a positive relationship. Once children know that you like them, you have opened the door to continuous two-way communication. When you show that a behavior pleases you, the student will be encouraged to repeat that behavior. Make sure the child knows. Individualize your approach - Insist that children wear their seat belts at all times. If a child is having trouble staying in his or her seat, comment on his or her positive accomplishments. Compliment the child for sitting in the seat longer than he or she did before. The child should know that staying in the seat for the whole trip is the goal. Set intermediate goals - It is necessary to set intermediate goals for children with handicapping conditions. This can be called "patterning." The assistant driver sets a goal and then imagines a series of progressive steps toward the end goal. When the child performs part of the end behavior correctly, or for a short period of time, he or she should be positively reinforced. This pattern is repeated and added to until the desired goal is met, with or without encouragement.

NOTES	CONTENT

Positive reinforcement - Praise or positive reinforcement encourages a child to repeat actions which are successful. By giving positive reinforcement, you are also providing the attention needed to prevent a child from resorting to disruptive behavior. If you can spot a positive behavior to reinforce, compliment a child on his or her appearance, looks or a new possession. This is a start towards developing positive thinking. You are encouraging children to feel good about themselves.

Avoid labeling - Although a person's handicap may be his or her most distinguishing characteristic, it is always a negative association. It is most painful for a person to hear himself or herself identified as a cripple or a blind person. Labeling children by quality is also harmful. If a child is called "bad" he or she may feel that there is no point in trying to be different. The child might even get worse in an effort to perfect the identity as "bad" that he or she has been labeled with. Labeling children as "good" can also be detrimental to the harmony on your vehicle. Resentment, hurt feelings, rivalry or the feeling that you have favorites can result.

Building security through consistency - There is a feeling of security for us when things are consistent; i.e., we know that a kiss from a loved one is going to be returned, a special card will please a friend, and being late consistently for work will result in reprimand. Knowing what is expected makes us feel safe and comfortable. Children need the security brought about by consistency as much, and probably even more, than adults do. Through your consistent behavior, you become a source of security and well-being for the children. Although it is unusual to frequently comment about proper behavior, the more practice we get at these actions, the easier it will be for a child to learn.

NOTES	CONTENT
	Children tend to rebel against extremely inconsistent behavior, it confuses and frightens them. In addition, routines help children satisfy their need for regularity and predictability. If a negative behavior is not always corrected, the child can become confused about what is expected. This might even lead to a confrontation with the child because he or she may not even realize he or she is breaking a rule if it has been inconsistently enforced. The approaches mentioned above are just a few of the techniques that might be used to modify the behavior of children with handicapping conditions. Most of them can also be used with children who do not have handicapping conditions, however, they seem to be much more meaningful to children with handicapping conditions.

ASSISTANT DRIVER'S UNIT I

REVIEW QUESTIONS

PART I

Answer these questions TRUE or FALSE.

1. School children with handicapping conditions are not covered by the laws governing "normal" school children. T ______ F ______
2. The Education For All Handicapped Children Act assures children with handicapping conditions free public education. T ______ F ______
3. Children with handicapping conditions do not require as many successful experiences as do "normal" children. T ______ F ______
4. Children do not pay much attention to who rides the buses with them. T ______ F ______
5. A positive attitude can help a child with a handicapping condition feel secure in the transportation situation. T ______ F ______
6. Skills learned in the transportation situation may be used in other situations. T ______ F ______
7. Family, friends, and the mass media directly influence our attitudes about people. T ______ F ______
8. Because of society's values, people often react negatively to children with handicapping conditions. T ______ F ______

PART II

Answer these questions as fully as possible.

1. Explain why the private transportation industry is needed to transport handicapped children although the public transportation system services other school children.

2. List transportation services offered to meet the unique needs and special problems of their handicapped passengers.

3. Explain what a positive attitude communicates to the handicapped child.

4. In what way does the child's positive self-concept contribute to our successful interaction with him or her?

5. List three myths associated with handicapping conditions.

POSITIVE ATTITUDE QUESTIONNAIRE

Name______________________

Date______________________

1. A pupil who constantly uses abusive language should:

   a. Be dropped from the transportation service.
   b. Be ignored.
   c. Have his or her mouth washed out with soap.
   d. Be suspended from the transportation service until the abusive language stops.

2. The assistant driver should be seated:

   a. Close to the driver so that they can easily exchange information about the student's behavior.
   b. In the rear of the vehicle so that all the students are seated in the direct line of vision.
   c. Beside the emergency exit to prevent the children from playing with the doors.
   d. Near the center of the bus with equal access to all students.
   e. In the seat directly opposite the driver.
   f. Close to the child who has the greatest need.

3. Pupils with multiple handicappig conditions who take an extraordinary amount of the assistant driver's time and attention should be:

   a. Treated with kindness, consideration and understanding.
   b. Referred to some other transportation agency for service.
   c. Reported to teachers, parents and the Bureau of Pupil Transportation.
   d. Kept off a bus with less severely handicapped children.
   e. Placed on a route with other children who have multiple handicapping conditions.

4. On days with inclement weather, heavy rain, slippery streets, etc., the assistant driver should see that:

   a. The pick-up point is changed to a spot closer to the students' front door.
   b. Extra time is allotted for the student to reach the pick-up point.
   c. The students understand that they be at the pick-up point at the prearranged time despite the weather.
   d. All of the above.

5. If I were in charge of transportation, the earliest time in the morning that a student should be picked up would:

   a. Depend on the weather conditions that day.
   b. Be 6:30 a.m.
   c. Depend on how far the school is from the pick-up point.
   d. Depend on how close the pick-up point is to the garage.
   e. Be 7:00 a.m.

POSITIVE ATTITUDE QUESTIONNAIRE

6. If I were in charge of transportation:

   a. Only children who know how to behave appropriately would be included on the route.
   b. Children with wheelchairs and other orthopedic devices would be excluded from transportation service.
   c. A disruptive child would be immediately dropped from the route.
   d. The bus driver and assistant driver would determine who should be dropped from the route because of misbehavior on the bus.
   e. A student who makes it a habit of avoiding the service and finding his or her own way to home or to school would be dropped from the route.

7. The best way to communicate in order to be easily understood is to:

   a. Speak loudly and clearly.
   b. Use direct and simple language.
   c. Maintain eye contact with the listener while we speak.
   d. Accompany our words with body gestures.
   e. All of the above.

8. A poor way to promote good behavior is to:

   a. Post the rules in a conspicuous place.
   b. Repeat the rules over and over again.
   c. State the rule once and see that is is never broken.
   d. Praise students when they follow the rule.
   e. Be fair.

9. If two students dislike each other and often fight:

   a. They should be seated as far apart from each other as possible.
   b. They should be allowed to fight it out before the bus begins to move if each student has an equal chance for self-defense.
   c. They should be suspended from transportation service.
   d. They should be seated as far apart as possible with the assistant driver between them.

10. Students who throw objects onto the bus should:

    a. Not be allowed to bring objects onto the bus which can be thrown.
    b. Check their belongings in the front of the bus when they board the bus and have them returned when they get off the bus.
    c. Should be seated near the assistant driver.
    d. Should be seated in the front of the bus.

POSITIVE ATTITUDE ANALYSIS

FIRST TEST

Number of assistant drivers__________

Number of responses per question

1. a.__________
   b.__________
   c.__________
   d.__________

2. a.__________
   b.__________
   c.__________
   d.__________
   e.__________
   f.__________

3. a.__________
   b.__________
   c.__________
   d.__________
   e.__________

4. a.__________
   b.__________
   c.__________
   d.__________

5. a.__________
   b.__________
   c.__________
   d.__________
   e.__________

SECOND TEST

Number of assistant drivers__________

1. a.__________
   b.__________
   c.__________
   d.__________

2. a.__________
   b.__________
   c.__________
   d.__________
   e.__________
   f.__________

3. a.__________
   b.__________
   c.__________
   d.__________
   e.__________

4. a.__________
   b.__________
   c.__________
   d.__________

5. a.__________
   b.__________
   c.__________
   d.__________
   e.__________

6. a.__________
b.__________
c.__________
d.__________
e.__________

7. a.__________
b.__________
c.__________
d.__________
e.__________

8. a.__________
b.__________
c.__________
d.__________
e.__________

9. a.__________
b.__________
c.__________
d.__________

10. a.__________
b.__________
c.__________
d.__________

6. a.__________
b.__________
c.__________
d.__________
e.__________

7. a.__________
b.__________
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e.__________

8. a.__________
b.__________
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e.__________

9. a.__________
b.__________
c.__________
d.__________

10. a.__________
b.__________
c.__________
d.__________

MYTHS AND FACTS ABOUT INDIVIDUALS WITH HANDICAPPING CONDITIONS

Reproduce the following for examination and workshop discussion of myths and their influence on attitudes. Use for handout.

MYTHS	FACTS
Mental retardation is catching.	Physical, emotional and mental handicapping conditions are not contagious.
Brain injury is catching.	
Physical disabilities are catching.	
Emotional disturbances are catching.	
Mentally retarded people become criminals and sex perverts.	The mentally retarded have the same moral and ethical standards as the rest of us.
People with physically handicapping conditions cannot learn very much.	A physically handicapping condition does not necessarily affect intelligence.
It is a waste of time and money to educate people with handicapping conditions. They do not get much from going to school.	With proper education and training, children with handicapping conditions can become independent adults capable of making contributions to society.
All people with handicapping conditions are the same and should be treated the same way.	All people have different personalities, abilities, behaviors and appearances.

LEGAL FACT SHEET

BOTH THE FEDERAL AND STATE GOVERNMENTS REQUIRE THE EDUCATION AND THE TRANSPORTATION OF SPECIAL EDUCATION CHILDREN.

PUBLIC LAW 94-142

"IT IS IN THE NATIONAL INTEREST THAT THE FEDERAL GOVERNMENT ASSIST STATE AND LOCAL EFFORTS TO PROVIDE PROGRAMS TO MEET THE EDUCATIONAL NEEDS OF HANDICAPPED CHILDREN IN ORDER TO ASSURE EQUAL PROTECTION OF THE LAW.

"It is the purpose of the Act to assure that all handicapped children have available to them;...a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children."

"The term 'special education' means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

"The term 'related services' means transportation, and such developmental, corrective, and other supportive services...as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children.

"The term 'free appropriate public education' means special education and related services which (a) have been provided at public expense, under public supervision and direction, and without charge, (b) meet the standards of the State educational agency, (c) include an appropriate preschool, elementary, or secondary school education in the State involved, and (d) are provided in conformity with the individualized education program required under section 614 (a)."

NEW YORK STATE LAW
(Sec. 1, New York Constitution)

"The legislature shall provide for the maintenance and support of the system of free common schools wherein all the children of this state may be educated."

ASSISTANT DRIVER'S UNIT II

WHO ARE THE CHILDREN WITH HANDICAPPING CONDITIONS?

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OBJECTIVES

By the end of this unit, assistant drivers should be able to:

1. Identify the physical characteristics and behavioral tendencies of different types of handicapped students.
2. Describe special loading/unloading procedures.
3. Describe special methods of controlling handicapped children.
4. State ways of communicating with parents of handicapped children.
5. Develop a realistic level of expectations concerning the abilities of each handicapped child.
6. Make allowances for the handicapped child's weaknesses while emphasizing the strengths.
7. Develop methods of communicating with handicapped children using a variety of senses.

OVERVIEW

NOTES	CONTENT
	This unit is designed to provide information about the behavior characteristics associated with various handicapping conditions and to help develop a sensitivity and appreciation for the individual child's strengths and weaknesses. With this knowledge, assistant drivers can capitalize on the child's strengths and avoid focusing on his or her weaknesses. Children with handicapping conditions have needs, feelings, and desires for self-fulfillment, although they may require special help in meeting these needs, expressing their feelings and achieving their maximum potential. Attitude. The success of programs for children with handicapping conditions depend upon the people who have daily contact with the children. With an understanding of the particular problems and restrictions each type of condition causes, you will be able to give each child the individual help and attention he or she requires. Some people should possess characteristics which are different in kind and degree from the average. They should have extra patience, mental alertness, flexibility, resourcefulness, enthusiasm, emotional stability, personal warmth, friendliness, understanding and empathy. As an assistant driver, you should be able to develop and maintain rapport with children, and be able to exercise mature judgement in relation to the care and attention required by children with handicapping conditions. You should be aware of, and be willing to conform to, the child's therapeutic needs. You should be able to accept the child and his or her problems as you would accept any child. You should treat children with handicapping conditions as you would want your own children to be treated.

OVERVIEW

NOTES	CONTENT
	The daily bus drive to school can be an important part of a child's progress toward independence. The child will learn how to leave his or her home to meet the bus, how to cross a street and how to behave on the bus. You will explain the bus rules and the child will learn to obey them. You play an important role in determining behavior patterns of children. In fact, you can start the child's day off right or wrong. The bus ride to and from school can be a pleasant experience which a child anticipates eagerly or it can become a dreaded experience. You should be thoughtful and careful about such routine matters as assigning a seat or seatmate, the presentation and purpose of a seatbelt and about using discipline. Remember, however, that your primary purpose is to take children to and from school safely and dependably. Therefore, while you make allowances for specific problems of children with handicapping conditions. A child's social adjustment will be of less importance than getting to school on time and the safety of the other children, the driver and the bus.

YOUR RESPONSIBILITY

NOTES	CONTENT
	Qualifications. Besides assistant driver qualifications regarding age, health, past experience, etc., you should be able to operate the special equipment or adapted equipment on school buses. You should have a knowledge of first aid and be familiar with the use of wheelchairs, braces, crutches, etc. Information. You should be aware of the problems of each of the children who ride your bus; you should be familiar with the medical and physical aspects of disabilities of each child. You should, through communication with school personnel and parents, know when a child is on medication and what the effects of the medication will be. You should be able to determine when a child is behaving abnormally for his or her conditon. You have the responsibility of reporting to the school authorities or to parents specific incidents, attitudes, etc., which may be significant in the treatment of the child. You should know what special steps to take in case of a traffic accident or breakdown because the comfort and emotional well-being of these children are your responsibility while they are in your charge. You may spend much time learning how to care for each child under the many circumstances that might occur while the children are on your bus.

COMMONLY USED SPECIAL EDUCATION TERMS*

NOTES	CONTENT
	Acting out - overt expression of strong feelings, nature of which is not always understood by the child. Aggression - a forceful action, usually directed toward another, often unprovoked, and out of proportion to the situation. Antisocial - behavior which is hostile to the well-being of society. Anxiety - feeling of apprehension, the source of which is frequently unrecognized. Aphasia - defect or loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language, due to injury or disease of the brain centers. Birth injuries - injuries occuring in the organism at birth. The central nervous system is more commonly affected, but bones, joints and muscles may be involved. C.N.S. - central nervous system. Cerebral palsy - a condition resulting from neurological damage occurring before, at or shortly after birth, which interferes with normal control of the motor system. Convulsion - violent involuntary contraction of muscles. Distractibility - an abnormal variation of attention. Inability to fix attention on any one subject for an appropriate amount of time, due to C.N.S. impairment which prohibits necessary monitoring of stimuli. Dull-normal child - an individual at the lower end of the average range of intelligence. Can function as majority of children except in academic subjects. Usually 1-2 years retarded according to age grade level.

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*From state of Michigan

COMMONLY USED SPECIAL EDUCATION TERMS

NOTES	CONTENT
	Educable mentally retarded - mentally retarded children whose retardation ranges from mile to moderate. Usually have I.Q. scores between 50-75. Most of these children can be taught useful reading and number skills and some academic content. Usually will not achieve beyond 4th or 5th grade academically. Capable of integration in society and becoming at least partially self-sustaining. Encephalitis - inflammation of the brain. There are many types, most of which are due to virus infections and which can damage one or many parts of the brain. It is a frequent cause of learning and behavior disorders because of the resultant brain dysfunctioning. Epilepsy - a chronic functional nervous disorder, characterized by attacks of unconsciousness or convulsions or both. Exceptional child - term refers to a child who is different from children considered average. A child showing abnormality, either physical or mental, could be considered in this category. Sometimes the term "exceptional" is used to designate a child of more than usual ability. May include the handicapped and gifted who deviate from the average to such an extent that they require specialized treatment. Hearing impairment - a sensory nerve loss resulting in slight to profound hearing dysfunction and learning difficulties. The hearing loss is often associated with language retardation and speech difficulties. Hydrocephalus - (a clinical type) an enlarged cranium is a clinical sign of this condition which involves an accumulation of cerebro-spinal fluid, within the ventricles of the brain. Degree of mental defect depends upon degree of cortical destruction, not size of skull.

COMMONLY USED SPECIAL EDUCATION TERMS

NOTES	CONTENT
	Hyperactive (hyperkinesis) - a characteristic of brain-injured children. Abnormally increased motor activity. Hypoactivity - abnormally diminished motor activity or function. Intelligence quotient (IQ) - expressed mental development in relation to chronological age; obtained by dividing mental age by the chronological age and multiplying by 100. The chronological age is often fixed at a certain maximum, most commonly 16 years, when growth of intelligence due to maturation has been assured to cease; this may vary in different tests, however, from 14 to 18 years. Kinesthetic - pertaining to the sense by which muscular motion, weight, position, space orientation etc., are perceived. Laterality - the tendency, in voluntary motor acts, to use preferentially the organs (hands, feet, ears, eyes) to the same side. Learning disabilities (Strauss Syndrome) - a child who before, during or after birth has received injury to or suffered infection of the brain. As a result of such organic impairment there may or may not be defects of the neuro-motor system but this child may show disturbances in perception, thinking and emotional behavior. These disturbances may occur alone or in combination. Mental age (MA) - the level of a person's mental ability expressed in terms of norms based on the median mental age of a group of persons having the same chronological age; thus, if a child's mental ability is equal to that of the average nine year old, he or she has a mental age of nine years, regardless of his or her actual chronological age. In class, the teacher should teach on basis of MA, not IQ.

COMMONLY USED SPECIAL EDUCATION TERMS

NOTES	CONTENT
	Mentally retarded - usually considered a general term meaning all degrees of mental retardation from profound mental deficiency to borderline mental defect or to upper limits of dull normalcy. Frequently, considered a synonym for mentally handicapped. Minimal brain dysfunction - this diagnostic category refers to children of average or above general intelligence with learning and/or behavior difficulties ranging from mild to severe, which are due to subtle deviations arising from genetic variations, perinatal brain insults, metabolic imbalances, biochemical irregularities, and/or illnesses and injuries sustained during the years critical for the development and maturation of those parts of the central nervous system having to do with perception, language, inhibition of impulses and motor control. Mongoloid child (Mongolis, a clinical type of feeble-minded person or child with Down's Syndrome) - physically and mentally defective at birth. Characterized by eyes obliquely placed; fold of skin at inner edge of eye; flat round face; round cheeks and large flat lips; large long tongue usually protruding from mouth; small nose. Multiple-handicapped - a child who has two or more disabilities. Nystagmus - an involuntary rapid movement of the eyeball, which may be horizontal, vertical, rotary, or mixed, i.e., of two varieties. Orthopedics - branch of medicine dealing with deformities and diseases of the bones and joints. Perception - the receiving, integration and interpretation of impressions and sensations through the senses. Perceptual disturbances - a characteristic of brain-injured children who are attracted to the details of an object rather than the whole object. May occur in visual-perceptual field, tactual field, and auditory field. Requires special educational procedures.

COMMONLY USED SPECIAL EDUCATION TERMS

NOTES

CONTENT

Perseveration - a perceptual disturbance occurring in brain-injured children. May be present when child continually repeats what he or she has done, like repeating the same word over and over again. Requires specific educational procedures to aid child.

Sense training - games, exercises and materials to develop those senses relating to sight, hearing, muscular coordination, taste, touch and smell.

Special classes (homogenous) - a segregated class in a regular grade school organized according to a small range of chronological age and mental age abilities.

Strabismus - deviation of the eye which the individual cannot overcome. The visual axes assume a position relative to each other different from that required by the physiological conditions. Squint or crossed eyes.

Visually defective - one whose sight is imperfect.

OTHER TERMS USED IN YOUR DISTRICT

GUIDELINES FOR HANDLING BEHAVIOR PROBLEMS*

NOTES

CONTENT

Behavior problems of each child with these conditions are individual problems and should be understood. Each assistant driver must treat each child separately. For example, do not give a general direction to the entire busload of children. You cannot assume everyone will understand this direction.

Behavior patterns of these children for any given day or hour of the day can be caused or changed by the actions of many people:

___ You, the assistant driver
___ Parents or members of the family
___ Teacher or aide
___ Other bus passengers

These people affect any child but they can compound the trouble that a special child may already have.

The person handling the youngster can understand what may have caused the problem and be able to correct it in the right manner. Additional problems could be created if these situations are handled badly.

When you correct a child, take into consideration, regardless of the age and size of the youngster, his or her attention span. With some children, this can be rather short. Be consistent when you correct a child.

A student may behave differently from day to day because of medication which he or she may be taking. Many students are extremely hyperactive and use their excess energy to get attention from you or from someone else.

It is difficult to give guidelines for handling all situations. However, these are some courses of action that should prove helpful:

1. Work with the child's parents by talking over any problems.

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*Adapted from state of California

NOTES	CONTENT
	2. Work with the teacher. 3. Work with your supervisor. 4. Work with the child. It can also be of help to move the child to another seat away from a student who may be causing problems. NOTES:

BEHAVIOR PATTERNS*

NOTES	CONTENT

Usually, your exceptional students will fall into one of three categories:

- Physically handicapped
- Mentally retarded
- Educationally handicapped
- Emotionally handicapped

The children with these different types of handicaps may act quite differently. So, you should learn to recognize these differences and learn how to handle them.

The following descriptions of behavior patterns are average and, of course, there will be many variations and degrees which are not covered here.

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*Adapted from state of California

FACTORS OF DEVELOPMENT

NOTES

CONTENT

It may help you to provide effective service to these special children if you understand some of the factors that affect their development. These areas of development are common to all children, regardless of their physical, mental or emotional condition. You have probably had personal experiences with a child who acts younger than his or her age; with a child who is brighter or not so bright as his or her friends; with a child who has temper tantrums or cannot deal with being frustrated; with a child who has difficulty playing with other children or behaves inappropriately for his or her age.

All children grow at different rates in their physical, mental, emotional and social development. If a child's level of development in these areas is compared with his or her chronological age, it is possible to tell if there is a significant difference between the way a child acts, what he or she is able to do, and his or her actual age.

CHRONOLOGICAL AGE

When you say a child is six years old, you are giving his or her chronological age. That is, the number of years since his or her birth. All other developmental ages are judged in relation to chronological age. The children you transport may have developmental ages that differ from their chronological ages as a direct or indirect result of their handicapping condition.

MENTAL AGE

The age level at which a child is capable of concentrating, understanding, reasoning and functioning mentally is known as his or her mental age. A child who is mentally retarded will always have a mental age that is lower than his or her chronological age. Because of the

NOTES

CONTENT

effect a handicapping condition has on a child, some children with handicapping conditions may function mentally below their chronological age even though they are not mentally retarded.

The intelligence quotient is a number that indicates the relationship of the mental age to the chronological age. When the mental age is higher than the chronological age of a child, he or she is said to have a high I.Q. When the mental age is lower than the chronological age, the child is said to have a low I.Q. You should avoid making verbal I.Q. comparisons with children that ride your vehicle -- it could be damaging to your passengers. How? Children with I.Q.s lower than what is considered normal might mentally move toward feeling more negative about himself or herself.

EMOTIONAL AGE

Classification of the emotional age of children, that is, their ability to cope with the world around them and face its disappointments and challenges, is very important. An eight-year old who becomes hysterical when his or her mother leaves the bus stop is behaving emotionally in the manner of a two-year old. A ten-year old child who, because of his or her physical limitations is treated like a three-year old, will function emotionally on a three-year old level no matter how bright he or she is. The emotional age of children determines how much use they will make of the physical and mental resources they have.

SOCIAL AGE

A child's social age is the level at which the child dresses and feeds himself or herself, moves about and socializes.

NOTES	CONTENT
	Many children with handicapping conditions have a social age that is lower than their chronological age or their mental age. If a handicapping condition prevents children from getting around or playing with other children, these children might not develop social skills at a normal pace. By encouraging these children to do as much for themselves as possible, you can help them develop these important social skills. When children with handicapping conditions know what to expect, they feel more secure in their environment. Once this sense of security is established, you can encourage the children to become as independent as possible. You may wish tc talk to parents and teachers to determine just how independently a child is functioning at the present time and to determine his or her potential for developing a greater degree of independence. The social age of children with handicapping conditions can increase as they become more independent and have more experiences with other people.

DESCRIBING THE HANDICAPPING CONDITION

NOTES	CONTENT
	The extent and type of handicapping condition and the level of mental, social, emotional and intellectual functioning determines the educational placement of each child. When a child has been diagnosed as having a specific handicapping condition, it is not uncommon for him or her to have problems in other areas as well. For example, a blind child may be slower in learning to dress himself or herself, to read, to do arithmetic than a seeing child. You may also be transporting children with multiple handicapping conditions who present a combination of physical, mental or psychological disabilities, such as cerebral palsy and mental retardation; visual impairment and a loss of hearing; language impairment and an emotional condition. Generally, there are three broad areas in which children with handicapping conditions are classified for training purposes. The areas are: 1. Children with physical disorders. 2. Children with learning disorders. 3. Children with behavior disorders.

NOTES	CONTENT

Children are placed in classes for physically handicapping conditions when they have a medical problem or physical disability that would prevent them from attending a regular class. These include children with hearing impairment visual impairment, speech impairment and orthopedic impairment conditions.

The Physically Handicapped Child

Hard-of-Hearing - Hard-of-hearing children are those with slight or moderate hearing loss; the sense of hearing is still functional, with or without a hearing aid. A hearing aid is a device used to amplify sound. Unfortunately, the child wearing a hearing aid will have difficulty understanding speech in noisy situations because all sounds become louder. This child must learn to "tune out" distracting traffic noises and car horns.

Deaf - Deaf children must be taught through their other senses. Academic progress for children with hearing impairments depend upon the child's loss and the age at which the hearing became impaired. The greatest handicap created by loss of hearing is the difficulty of learning speech and language. Because of this, deaf children may be from two to five years behind in educational subjects.

In order to promote language learning and expression, you must use other senses in communicating with nonhearing children. Lip movements, gestures, written notes and pictures are recommended. It will be easier for a deaf child to read your lips if the light is showing on your face. When your back is toward the source of light, shadows are created. Face-to-face, simply stated instructions will help avoid confusion and misunderstanding.

Even though a deaf child cannot hear you, speak normally to him or her without using exaggerated lip movements. He or she may eventually learn to read your lips. Perhaps a teacher could show you several simple signs or techniques for communicating with the deaf children on your bus.

Among deaf children, there is a wide variety in their ability to speak. Some speak quite clearly, while others are understandable only if you listen very patiently. Your encouragement and acceptance of a deaf child's speech helps that child become more confident in his or her ability to communicate.

There are special safety considerations in transporting deaf children. Since they cannot hear horns or other street noises, they must depend on their eyesight when they cross a street. In an emergency, communicating with a deaf child becomes crucial. He or she must understand what is happening and any directions you give. If there is a child who seems to communicate with deaf children particularly well, use his or her special ability in emergencies.

Visually Handicapped (Legally Blind) - Children with severe visual handicaps are referred to as legally blind under certain medical conditions related to acuity. A legally blind child may have a total loss of vision or varying degrees of residual vision, both conditions which incapacitate the child in the processes of normal educational functioning. Appropriate educational programs, in most instances, provide legally blind children with the opportunity to attain their full educational potential in accordance with those of their sighted peers.

Within reason, it is expected that the mobility of a legally blind child should be as independent as possible. It is important to encourage as much independence as possible in mobility and the most effective way to encourage this independence is to confer with both the child's teachers and parents in order to determine the extent to which a particular child is, or can be, independent and

NOTES	CONTENT
	how much assistance he or she needs.

In giving directions for movement on or off the bus, it is important to remember that the child receives specific information regarding his or her left or right. Directions such as, "straight ahead," "behind you" or "a little further," should be avoided. When offering direct assistance to a blind student, you should precede the child while holding his or her hand or, in the case of an older child, placing his or her hand on your elbow. In both instances, your body movements should be sufficient clue for the child to step up or down and turn left or right.

It is an effective measure to allow the child who is totally without sight to have access to a school bus when it is empty, in order to be oriented to the importance of the bus and to assign the child a definite seat to prevent spatial confusion.

Speech Handicapped - Defective speech may be defined as any speech which draws unfavorable attention to the speaker.

Speech defects are classified into:

1. Articulatory disorders, or those involving tongue, teeth, lips, palates or jaws.
2. Vocal disorders, or those of pitch, vocal intensity, vocal quality.
3. Delayed speech, as when a child does not learn to speak at the normal age. This includes aphasia, in which the child cannot understand language or its symbols due to cerebral disorder, and dysphasia, which is a disturbance of language.
4. Speech disorders associated with hearing impairment, cleft palate, or cerebral palsy.

NOTES

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Orthopedic and Other Health Problems - The crippled child is one who has an orthopedic impairment interfering with the functions of the bones, joints or muscles. Defects of this type often involve difficulties with movement and the child may have to use crutches, braces or a wheel chair to get around. These children are often transported in vehicles having ramps or lifts. They may have been born with this condition, or it may have been caused by an accident or by an infection such as polio or tuberculosis of the bones, or by muscular dystrophy, etc.

The provisions which must be made for these children are for physical and medical reasons rather than for educational accomplishments; they have physical and emotional problems to conquer but their learning process is the same as that of noncrippled children. Most children who have severe handicapping conditions require assistance during the loading and unloading of the bus. The restricted activities of these children and their resulting frustration makes it necessary for them to find other ways of attaining satisfaction within their abilities. They need help in attaining a healthy self-concept in spite of the disability. They may try to prolong their dependency upon other people in order to feel secure; they should be taught to become as independent as their condition permits. Your sensitivity to the individual child and acceptance of the physical condition can help that child function more independently. The more independent a physically handicapped child can become, the more likely he or she is to make a satisfactory emotional adjustment to the condition.

Cerebral Palsy - Cerebral palsy is a central nervous system disorder affecting the muscles of voluntary movement. It is defined as any abnormal alteration of movement caused by defect, injury or disease of the

NOTES	CONTENT

brain. Cerebral palsy may also include learning difficulties, psychological problems, sensory defects, convulsive and behavioral disorders.

Some of the characteristics of cerebral palsy are:

1. Inability to control movements of the hands arms, legs and mouth.
2. Poor sense of balance.
3. Unintelligible or impaired speech.
4. Constant shaking of the body.
5. Drooling and facial distortions.

Cerebral palsy can be manifested in several ways:

1. Spastic paralysis, in which muscles remain in a state of tension. The muscles can be moved voluntarily but the movement is slow, explosive and poorly formed. Different groups of muscles can be affected by this paralysis.
2. Ataxia, in which the child is unsteady in his or her movements and falls easily Sometimes his or her eyes are uncoordinated and move in a jerky manner.
3. Athetosis, in which the child walks in a lurching, writhing manner. Posture is uncontrolled. Athetotic movements such as facial grimaces and uncontrolled movements intensify as the child's conscious effort increases.
4. Tremor and rigidity, in which the body shows involuntary vibrating movements. This child is more predictable and consistent.

Cerebral palsied children may or may not be mentally retarded, or they may have visual or hearing defects. All these children need to feel accepted and secure; they should be encouraged to be as self-sufficient and independent as their conditions allow.

NOTES	CONTENT
	Cerebral palsied children have special needs and problems in transportation. These children may be especially fearful of falling, have difficulty expressing themselves, and may have difficulty in caring for themselves in such tasks as wiping their mouths, blowing their noses and buttoning their coats regardless of their age or intelligence. A child's dignity and self-respect are at stake when he or she needs you to blow his or her nose or wipe his or her mouth. The manner in which you offer assistance to this child is very important and can contribute to his or her growth and self-acceptance. Scolding and ridicule can only aggravate the problem and cause the child further embarrassment. Your tolerance and acceptance helps both the cerebral palsied child and the other children on the bus who might be upset by some of the more severe symptoms of cerebral palsy.

NOTES	CONTENT
	MENTAL RETARDATION Some children demonstrate very general learning difficulties. Their learning and performance in all areas of development are relatively slow. These are the children who are placed in classes for the mentally retarded. They can and do learn, but they learn more slowly than the average child. The Educable Retarded Child - These children are mildly retarded. They are considered minimally educable in academic subjects in school, in social adjustment in the community and in the occupational field at an unskilled or semi-skilled level. Most of the mildly retarded children do not look as if they are handicapped and seem like other children of their age. The height, weight and motor coordination are close to average, but their development in mental, social and academic areas are one-half to three-fourths that of average children. Such children at age 12 will have a mental age between 6 and 9 years. As adults, many of them will be able to live and work independently in the community without being recognized as mentally retarded. During their preschool years, these children are not usually identified as retarded even though they are a little slower than other children in developing skills such as walking, talking and dressing. Usually these children are recognized when they begin to fail required subjects. At this point, they are slower to learn and remain longer at each subject grade level. Many enter school in regular classrooms and begin to experience failure when academic subjects such as reading are introduced. This happens because of a discrepancy between the child's capacity to perform and the requirements of the academic environment. Too often

NOTES	CONTENT
	these children experience repeated failure in school before being placed in classes for the mentally retarded where they are given special help. Many times behavior problems occur before these children are placed in the proper academic setting. These children are easily frustrated because of repeated failure to perform according to chronological age. When material and methods are geared to their ability to succeed, they are frustrated less easily. It is important for such a child to experience success and to know they can succeed. When a child is first removed from the regular class and placed in a class for the mentally retarded, negative feelings may change as the mildly retarded child achieves some success in the special class. Sometimes mildly retarded children become overconfident and unrealistic about their abilities as their self-concept improves; this may be accompanied by a dislike for the special class and the desire not to be identified as retarded. Some of these children feel that it is the bus that transports them to school that identifies them as being retarded. They may express these feelings to you. The Trainable Mentally Retarded Child - These children have been defined as those who, because of subnormal intelligence, cannot learn in classes with the educable mentally retarded but who have the potential to learn self-care, adjustment to home and neighborhood, and economic usefulness at home or in an institution. These children develop at the rate of one-third to one-half that of normal children. This child is considered moderately retarded and may look different than other children. The trainable mentally retarded child can feed, wash and clothe himself or herself; can recognize letters, words and numbers; can follow simple directions; can eventually hope to live in the community and work in a sheltered workshop.

NOTES	CONTENT
	These children usually remain in special classes in the elementary school until they are 16 or 17 years old when they can attend a special occupational training center. Some of these children will be able to travel on public transportation to these schools; others will continue to receive school bus transportation until they are 21 years old. The social and emotional development of trainable mentally retarded children is frequently as important as their intelligence in determining whether or not they can travel alone as young adults. NOTES: The Educationally Handicapped Child - These children are defined as neurologically and/or emotionally handicapped. They often have behavior problems based on inner tensions which create anxiety, frustrations, fears and impulsive behavior; social maladjustment, including incorrigibility, truancy, predelinquency and delinquency. Normal mental health depends to a large degree on developing feelings of security, adequacy and the ability to meet frustrations calmly. Generally speaking, these children are more severely handicapped than the trainable mentally retarded children. In addition to mental retardation, many of these children have complicating physical and emotional problems. These children frequently present difficulties in being transported to school. Generally, they have had

NOTES	CONTENT
	fewer social experiences and have been more isolated than have other mentally retarded children. They probably know and understand less of what is expected of them and have more difficulty in behaving appropriately than either the educable or the trainable retarded children. It is important to remember that these children also have a lower social and emotional age than their chronological age; that is, they may behave socially and emotionally like very young children even though they are older. Preparing both the trainable and the more severely mentally retarded child for bus travel relies on the 3R's: repetition, routine and relaxation. Repetition A developmentally delayed (mentally retarded) child learns to do by doing. This child needs to do a task over and over and over again. No matter how simple a task may seem to you, it is not simple to your retarded passenger. For example, repetition is necessary in teaching the trainable mentally retarded child to take his or her assigned seat: 1st day - Walk the child to the assigned seat. Tell him or her, "This is your seat. Sit down." 2nd day - Walk the child to the same assigned seat. Again tell him or her, "This is your seat. Sit down." 3rd day and for as many days as are necessary, show the child his or her seat and tell him or her to sit down. Routine A set routine helps children to feel secure in their daily activities by giving them a sense of order. Changing a retarded child's schedule is likely to cause confusion and/or fear. When inclement weather causes a delay in the routine bus schedule, your children may board the bus in an unsettled state. A teacher's unexpected absence from school may provoke unusual behavior because the normal routine has been disrupted.

NOTES

CONTENT

Relaxation

A child cannot be expected to learn well when upset. A mentally retarded child who is upset may react to instructions and directions by becoming tense, hostile, weepy, out of control or distracted. It is important to create an atmosphere that is calm and friendly. Avoid unpleasant confrontations that might trigger emotional outbursts.

Specific Learning Disability - The child with a specific learning disability often has normal or near normal intelligence; however, he or she is unable to work up to his or her potential. This child may have trouble in a learning situation because he or she does not see or hear things the way other children do; he or she may become confused; may be easily distracted; may be unable to sit still; or may react emotionally when it is inappropriate. These disturbances get in the way of the child's ability to learn normally. The child with a specific learning disability has difficulty in one or more of these areas: listening, thinking, talking, reading, writing and arithmetic. The following situations illustrate language disturbances:

1. Child does not understand verbal instructions - cannot follow directions.
2. Child cannot name certain objects.
   a. Child shown a fork, may reply, "spoon."
   b. Child shown a pen replies, "You write with it."
3. Child has a poor memory for what he or she hears.
   a. Child cannot repeat sentences.
   b. Child cannot remember his or her address or phone number.
4. Child cannot use language to express ideas.
5. Child may be unwilling to speak at all.

NOTES	CONTENT
	There are children on your vehicle who have been placed in special classes for the emotionally disturbed because they are unable to function in a regular classroom. Some of these children have been diagnosed as autistic or schizophrenic while others may be battered children, truants or socially maladjusted children. All are children whose emotional life in some way interferes with their learning and social adjustment. The behavior of emotionally disturbed children is markedly different from the behavior of other children of the same age. These children have serious problems relating to others. Some are withdrawn and uncommunicative; others display hostile and aggressive behavior. There are also emotionally disturbed children who are very anxious and fearful. They may cry excessively for no apparent reason. There is no predictable way that emotionally disturbed children behave. You should be prepared for almost any kind of behavior. It is impossible to anticipate how children will behave on a particular bus trip. Their behavior may vary according to the kind of morning they had at home, how their school day went, whether they remembered to take their medication, whether, in fact, the medication has begun to wear off or a combination of these and other factors. These children were placed in special classes because they have behavioral problems and do not act like other children. Many emotionally disturbed children are not diagnosed until they enter school. Frequently, these children present discipline problems in the regular classrooms and have trouble learning before they are diagnosed as needing special class placement. Some of these children do not feel handicapped and may resent being bussed to school; they may "act out" on the school buses, putting a strain on your patience and understanding. Keep in mind

NOTES	CONTENT
	that these children are handicapped and need all the help you can give them. The difficulties associated with transporting emotionally disturbed children should not be minimized. However, as you become more familiar with the needs of each child on your bus, you will learn the most effective way to help that child adjust to the transportation setting.

NOTES	CONTENT

Most transportation systems load and unload special education youngsters in front of each child's home due to the fact that the child cannot be left unattended.

These children sometimes need a driver's assistance to board the bus and must be held during this process. Eye-to-eye contact with some children is a must. Most buses used for this purpose are equipped with seat belts which should be used if possible.

Care is needed at all times to keep these children on the bus when other children are being loaded or unloaded.

The child that must have special equipment such as a wheelchair, braces, crutches, etc., has problems during the loading and unloading process and it is your responsibility to be knowledgeable about these problems and know how to handle them.

Remember, care and protection are two things which the parents and children expect from you.

Usually, you will follow the same routine loading and unloading procedures for controlling the bus as you would when transporting regular passengers.

- Activate amber flashing lamps (if your vehicle is so equipped) as you prepare to make your stop.
- Approach the stop slowly, and stop the bus.
- Activate the red flashing warning lamps.

Then, follow these steps*:

1. If an attendant is assigned to the bus:
   a. Be sure each person knows his or her role: in the case of misunderstanding, do not argue. Carry on any discussion out of the students' presence.
   b. Direct him or her to assist or guide the student onto the bus.

---

*From NHTSA Task Description

NOTES

CONTENT

   c. When the use of seat belts is required or available, check to see that they are securely fastened before putting the bus into motion again.

   d. When specially equipped buses are used to accommodate wheelchairs, etc., with the use of a ramp, supervise the attendant in guiding the chair onto the bus and securing it in place inside the bus.

2. If an attendant is not used:

   a. Put the bus in "park"; turn off the motor and take the keys out of the ignition.

   b. Leave the bus and carry or guide the student onto the bus.

   c. After securing the seat belt for the student, check that the ramp and side door have been securely fastened into a locked position.

3. Start the bus again, following the proper procedures for entering the flow of traffic.

4. Unloading on the school grounds:

   a. Carry or guide each student off the bus into the charge of a teacher or other school attendant.

   b. Check that all belongings of each student are taken off the bus.

5. Unloading at home of the passenger:

   a. Carry or guide each student off the bus into the charge of a parent or other responsible person.

   b. Check that all belongings of each student are taken off the bus.

   c. Report to the parent any observations which may be appropriate, whether medical or behavioral observations.

NOTES	CONTENT
	d. If an authorized person is not at home to receive the student, keep him or her on the bus; after the run is completed, make arrangements with the school or transportation officials to care for the student until the parent (or other responsible person) has been contacted.

ON THE ROAD*

NOTES	CONTENT

1. Assign the bus attendant (if any) to watch that all passengers remain safely seated (if there is no bus attendant, make periodic checks yourself). Occasionally a particular student's needs require more than you can provide as one who must be responsible for the safety of all passengers. DO NOT allow students to continually demand your attention when you are driving.
2. If any student shows symptoms of illness that requires immediate attention, pull the bus as far to the right of the road as possible and stop; activate four-way hazard lamps.
3. If a radio is available, notify the proper authorities; otherwise assign the attendant or passing motorist to call them from a phone booth or nearby private home.
4. Watch for unusual behavior that should be expected to occur, i.e., petit mal epilepsy attacks, erratic behavior of emotionally disturbed or mentally retarded students, etc.

NOTES:

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*From NHTSA Task Description

GET THE FACTS*

NOTES

CONTENT

You must have pertinent information about each of your passengers and be a special observer of behavior on your vehicle. You are often the source of information which is vitally important to your supervisor, the student's teacher and parents. All your passengers should have medical identification bracelets specifying special care or medication limitations. Secure pertinent information about and identification picture of each student you transport. Make a confidential card file form to be kept on your bus and in your supervisor's office. A 3" x 5" card is suggested.

EMERGENCY HEALTH CARE INFORMATION

Name: Last First Telephone # (home)

Primary disability:

Secondary disability:

Directions to driver (controlling or directing the child)

What medication is the student under?

Student's doctor:
Doctor's telephone #:

Special information when time delays occur:

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*Adapted from state of Michigan

EMERGENCIES*

NOTES	CONTENT
	Due to the emotional reaction of your riders during time delays and emergency situations, expect passenger disruption. You should prepare a "line of action" in handling the particular student's needs and controlling the rest of your passengers when the following conditions occur:

- Broken bones - keep broken bone and joints above and below break from moving. Get medical assistance.

- Fainting - keep the person lying down until recovery. Loosen tight clothing. Secure medical assistance if condition persists.

- Seizure**

1. Steer the bus to side of roadway and stop vehicle.

2. Know and follow directions on child's 3" x 5" card.

3. Remain calm. Students will assume the same emotional reaction that you display. The seizure is painless to the child. Do not try to restrain the child unless the situation is critical to the child's safety. There is nothing you can do to stop a seizure once it has begun. It must run its course. Clear the areas around him or her to prevent injury on hard or sharp objects. Try not to interfere with the child's movements in any way. Special care should be taken to protect the head.

4. Do not force anything between the teeth. If the mouth is already open, you might place a soft object like a handkerchief between the side teeth in the back of the mouth.

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*Adapted from state of Michigan
**Adapted from state of Ohio

EMERGENCIES

NOTES	CONTENT
	5. It is not generally necessary to call a doctor unless the attack is followed almost immediately by another major seizure, or if the seizure lasts more than about ten minutes. 6. When the seizure is over, let the child rest if he or she wants to. 7. The child's parents and physician should be informed of the seizure. - Shock - depression of body function. 1. Loosen tight clothing. 2. Keep the person lying down. 3. Guard against body heat loss. 4. Secure medical assistance. - Other

EMERGENCIES

NOTES	CONTENT
	Report circumstances of illness or injury to your supervisor as quickly as possible. Planning for emergencies should include: 1. An "in-bus" list of telephone numbers for assistance in case of fire, respiratory or heart failure and mechanical breakdowns. 2. First aid equipment including a blanket. 3. Information on each child with parent's and physician's telephone numbers. A plan should be worked out between the parents and the school or driver to deal with emergencies that may arise. For example: 1. What is to be done if the parents are not at home to receive the child at the end of the day? 2. What is to be done if the bus, for some reason, cannot reach the home? One such reason could be due to weather conditions. 3. Have a backup plan. Example: A second home, such as a friend or relative, where the child can be taken in such emergencies. 4. What is to be done if the child needs medical attention while being transported?

PARENT RESPONSIBILITY*

NOTES

CONTENT

Parents play a tremendous role in the preparation of their child for his or her busy day. Hopefully, everything goes well during this preparation so that you can receive the child happy and ready to go on time.

The parents have the responsibility to:

1. Feed.
2. Properly clothe.
3. See that any special equipment such as wheelchair, etc. is ready and in good working order.
4. Make certain that all bodily needs are performed.
5. Have the child at the designated place on time so that you can assist the child in boarding the bus.
6. Give you any instructions or information that is necessary if there is to be any change of plans from normal routine.
7. Wave the bus on if the child is not attending school that day.
8. Notify, in advance, the transportation department or school if there are to be any changes.

Parents must know the following if they are to cooperate with you.

1. The time you will pick up their child.
2. The time they can expect their child to return home so that someone will be there.
3. The exact location where he or she will be picked up and returned.
4. If arrangements must be made in the event of bad weather.
5. Where to call if they have problems and need additional information.

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*Adapted from state of California

NOTES	CONTENT
	As a partner in the transportation system, you must take an active role in encouraging a system which is designed to aid you in meeting your students' needs by: 1. Asking for clarification of parent and driver responsibilities with respect to loading and unloading procedures. NOTES: 2. Seeking information as to what part you are to take in communicating needs to parents, teachers, supervisor and students. NOTES:

ASSISTANT DRIVER'S UNIT II

REVIEW QUESTIONS

MATCHING. Write the letter of the best answer in each blank.

1. A child whose actual age is 12 years but whose mental age is 8 years is classified as __________.
2. A child who must use a wheelchair is __________.
3. A child whose learning disability is due to minimal brain injury is said to be __________.
4. __________ patterns of each child with a handicapping condition are individual problems and should be handled accordingly.
5. __________ are responsible for having the child with a handicapping condition ready to be transported to school each morning.
6. Many buses used to transport children with handicapping conditions are equipped with __________ for the restraint and the safety of the passengers.
7. You must be able to operate the __________ on the bus during the loading and unloading procedure.
8. Mentally retarded students and educationally handicapped students are likely to have a short __________.
9. Students with handicapping conditions are likely to be upset by disturbances in the normal __________.
10. Parents and doctors of children with handicapping conditions should provide you with information on any type of __________ the child may be taking.

A. assistant drivers
B. medication
C. behavior
D. seat belts
E. wheelchairs
F. mentally retarded
G. attention span
H. educationally handicapped
I. parents
J. ramp
K. accident
L. physically handicapped
M. routine
N. bus driver

TRUE OR FALSE

11. Assistant drivers are responsible for carrying or guiding each child onto the bus and fastening his or her seat belt.
T __________
F __________

12. Students with physically handicapping conditions have a lower mental age than students without handicapping conditions.
T __________
F __________

13. If a child has a seizure, you should give him or her artificial respiration.
T __________
F __________

14. When on child displays disruptive behavior, you must also be concerned about how the other passengers are affected.
T __________
F __________

15. You should insist that no students soil themselves on your bus.
T __________
F __________

REVIEW QUESTIONS

16. What is your responsibility to parents when you know the bus will be late on the afternoon run due to a bad storm?

17. What do you do if no one is home to receive the child in the afternoon?

18. To whom should you report if you observe a child having an adverse reaction to medication?

19. How would you explain to your passengers and their parents that the bus route is being changed to pick up a new student?

20. Why must each child with a handicapping condition be treated individually?

21. How can you obtain necessary information about the children you transport?

22. List the three broad areas of disability of the children you transport.

23. Why are emotionally disturbed children placed in special classes?

ASSISTANT DRIVER'S UNIT III

RESPONSIBILITIES OF THE SCHOOL BUS TRANSPORTATION TEAM

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OBJECTIVES

By the end of this unit, the assistant driver should:

1. Have a general knowledge and understanding of the importance of developing a good relationship with students, parents and school personnel.
2. Understand the kind of relationship he or she needs to develop with students, parents and school personnel.
3. Understand what his or her relationship will be to students, parents and school personnel.
4. Be aware of the importance of communications between students, parents and school personnel.

OVERVIEW

NOTES

CONTENT

The purpose of this unit is to show the kind of relationship that should exist between school bus drivers, assistant drivers and parents. Each element of the transportation team must perform his or her responsibility or duty conscientiously and contribute to the safe daily transportation of every student. Common courtesy, mutual cooperation and a general respect for property and other individuals is required if these relationships are to be fruitful. Methods of communicating with parents, teachers and students are suggested as a means of preventing and resolving problems.

As part of the professional team* delivering services to children with handicapping conditions, it is important that both bus drivers and assistant drivers know their roles and responsibilities. The assistant driver is responsible for assisting the driver. To assure effective teamwork, both bus drivers and assistant drivers should understand and appreciate the job each one performs in addition to developing a good relationship with each parent.

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*Parents, teachers, transportation supervisors, bus drivers, assistant drivers, chairpersons, Committee on the Handicapped, school administrators.

THE ASSISTANT DRIVER'S DUTIES AND RESPONSIBILITIES

NOTES

CONTENT

Just as the navigator assists the pilot in the safe operation of the airplane, the assistant driver assists the driver in the safe operation of the vehicle. Assistant drivers are responsible for meeting safety regulations, supervising the conduct of the passengers and giving special help when necessary.

The assistant driver's duties and responsibilities include:

1. stepping from the vehicle and assisting children who are about to enter or leave if they require assistance.
2. assisting children to the door of their home building or school when necessary.
3. seat-belting children into their seats and insuring that they remain fastened during the ride.
4. notifying the bus driver of any emergency situation.
5. remaining on the bus with the children at all times, except when performing other required duties.
6. notifying the dispatcher (or requesting the driver to notify the dispatcher) in the event that a parent or authorized individual is not present to receive a child.
7. gaining a working knowledge of written school transportation policy.
8. assisting the driver when backing up is necessary.
9. communicating and discussing problems of discipline, changing conditions of various stops for pick-up and discharge of passengers with the driver.

In situations where assistant drivers must help students board the bus via the use of a hydraulic lift, additional duties are required.

NOTES	CONTENT

For Students In Wheelchairs:

1. to wheel children to and from the front door of their homes when necessary.
2. to be in a position to hold the wheelchair until the lift has been lowered to the ground and the driver has assisted the child off the bus. The same applies when the child is raised onto the bus.
3. to wheel children to and from the door of the bus.

For Students Not In Wheelchairs But Who Cannot Use The Steps Of The Bus:

1. assist children both to and from the front door of home when necessary.
2. assist children onto the lift and maintain their balance while they are on the lift.
3. assist children both to and from the door of the school.

For Students Who Can Use The Steps Of The Bus:

1. help children maintain their balance while climbing the steps of the vehicle.
2. assist children to and from the door of the home and the school when necessary.

For all students transported on hydraulic lift vehicles, the following rules are observed:

1. only one child at a time shall be placed on the lift.
2. the assistant driver shall not lift any child at any time unless necessary because of an emergency.

THE ASSISTANT DRIVER'S AND SCHOOL BUS DRIVER'S RESPONSIBILITY TO PARENTS

NOTES	CONTENT

The basics of the relationship between the assistant driver and school bus driver and parents develops as a result of the driver's job performance responsibility and the parents wanting to cooperate with the school which is providing transportation to and from school for the child. The driver's responsibility to the parent is:

1. To be on time at stops (school bus driver)
2. To exercise maximum safety practices (assistant driver and school bus driver)
3. To maintain the best kind of personal habits (assistant driver and school bus driver)
4. To stimulate good student conduct (assistant driver and school bus driver)
5. To be courteous to parents (assistant driver and school bus driver)
6. To be cooperative at all times (assistant driver and school bus driver)
7. To know every parent personally (assistant driver and school bus driver)
8. To commend good conduct (assistant driver and school bus driver)
9. To instill in the student habits of punctuality and correct behavior and to make clear that the bus driver and assistant driver are friendly school employees.
10. To become knowledgeable about transportation regulations to convey same to your children.

ADDITIONS:

NOTES	CONTENT

To qualify as a school bus driver, an applicant must possess special personal attributes, be physically fit and have specific driving skills related to the transportation of children with handicapping conditions.

To enhance the safety and welfare of children, a school bus driver in New York State is required to adhere to the Regulations of the Commissioner of Education, Section 156.3.

Generally speaking, these rules involve:

- minimum/maximum age requirement for drivers
- a minimum of 12 months between initial and subsequent physical examinations for drivers
- training requirements for all school bus drivers
- character references requirement for drivers
- pupils entering and leaving the bus while it is in motion
- driver's responsibility for reasonable behavior of pupils
- pupils' conduct in respect to open windows
- drivers discharging pupils who must cross highways
- filling of gas tank precautions
- drivers making full stops at railroad crossings
- left-hand and right-hand turns
- driver leaving school bus while occupied by pupils
- drivers smoking, eating or drinking while transporting pupils

In addition to the rules generated from the State Education Department, the Regulations of the Commissioner of Motor Vehicles, Article 19-A, provide additional guidelines that also enhance the safety and welfare of children by requiring drivers to meet certain driving, physical and licensing requirements.

THE SCHOOL BUS DRIVER'S RESPONSIBILITY TO STUDENTS

NOTES	CONTENT

Transporting students to and from school is the driver's most important responsibility. A school bus driver's primary concern is the performance of his or her duties that relate to the students. These responsibilities may be classified into two categories, general and specific. They are:

1. General
    - a. to maintain the highest degree of safety at all times
    - b. to conduct himself or herself properly and to practice good personal habits
    - c. to require good conduct and desirable attitudes on the part of the pupils
2. Specific
    - a. to provide parents with information regarding irregular schedules or regarding the closing of schools in case of emergencies like snowstorms, floods, etc.
    - b. to cultivate proper attitudes of respect and regard for discipline
    - c. to keep the bus clean and orderly at all times and to keep it well heated and ventilated
    - d. to always remain on the school bus until all pupils have been discharged
    - e. to load and transport pupils on the school bus according to the following rules:
        - (1) No bus shall be loaded beyond the capacity indicated on the approved inspection sticker.
        - (2) Pupils shall not be loaded on a steep grade, a blind curve or on the crest of a hill.
        - (3) No pupil shall get on or off the school bus while it is in motion, nor shall the door be "cracked" while the school bus is in motion.

NOTES

CONTENT

(4) Each pupil may be assigned a regular seat on the bus.

(5) No person other than a pupil, teacher or other individual designated to supervise the pupils shall be permitted to ride on the school bus.

f. to unload pupils properly according to the following rules:

(1) The driver shall always give the proper signals relative to the flashing lights before stopping to receive or discharge pupils.

(2) No pupil shall be permitted to leave the bus unless a parental request has been granted by school district authorities.

(3) The driver shall see that each pupil who must cross the highway does not do so until he or she has given the signal.

(4) Pupils crossing the highway shall pass in front of the school bus at least ten feet ahead of it. Care must be taken to make sure that these pupils do not step out on the road beyond a point protected by the bus until the school bus driver gives the signal for them to cross the highway.

(5) The bus driver shall carefully observe the number of pupils getting off the bus and account for all these pupils before proceeding with the bus.

(6) The driver shall not open the door of the school bus until he or she observes that the road is clear and that no danger exists.

THE PARENTS' RESPONSIBILITY

NOTES	CONTENT

Parents play an important role in the preparation of their child for his or her busy day. Hopefully, everything goes well during this preparation so that you can receive the child happy and ready to go on time.

The parents have the responsibility to:

1. Feed.
2. Properly clothe.
3. See that any special equipment such as wheelchair, etc., is ready and in good working order.
4. Make certain that all bodily needs are performed.
5. Cooperate with the school:
    a. Have the child at the designated place on time so that you can assist children (particularly small children) in boarding the bus.
    b. Insisting on student cooperation with school officials.
    c. Complying with school requests.
    d. Observing the best safety practices in their own driving.
6. Give you any instruction or information that is necessary if there is to be any change of plans from normal routine.
7. Wave the bus on if the child is not attending school that day.
8. Notify, in advance, the transportation department or school if there are to be any changes.
9. To instill in the student habits of punctuality and correct behavior and to make clear that the bus driver is a friendly school employee.
10. To become knowledgeable about transportation regulations and to convey same to your children.

ROUTE AND TIME SCHEDULE

NOTES

CONTENT

In addition to the specific job duties already discussed, both drivers and assistant drivers are responsible for maintaining route and time schedules. The assistant driver should become familiar with the route in order to assist substitute drivers and avoid delays when the regular driver is not available.

In maintaining the route-time schedule, the following guidelines must be adhered to:

1. The transportation supervisor or his or her delegate should notify the parent two to three days in advance of any changes in the route causing the bus to arrive at the stop either earlier or later than the scheduled time. If possible, this notification should be in writing, particularly if a child is to deliver the message.

2. On the trip to school each child with a handicapping condition shall be picked up at the curb as close to the front entrance of the home as possible. Where a child lives on a dead-end street or where, because of traffic regulations, it is impossible for the vehicle to pick-up at the curb in front of the home, the pick-up and drop-off point must be at a location where curb access will be from the right door side of the vehicle. If it is necessary for the child to cross the street, the assistant driver must accompany the child.

3. Drivers are to arrive at the pick-up point at the scheduled time. The driver should use his or her discretion in waiting. Under no circumstances should the driver leave the pick-up point prior to the scheduled departure time.

4. On bad weather days, the driver is to allow additional time for the child to reach the vehicle from the doorway of home or school.

5. Drivers and assistant drivers must be courteous at all times and avoid the use of brusque, impatient or violent language with students, school personnel or parents.

You are a very important person to the children on your vehicle. You help them go to school every day and you help set the tone for the kind of day they will have. In order to make the bus run a safe and pleasant experience for you and your children, you should learn as much as possible about each and every child.

Unfortunately, a child does not appear at the bus stop on the first day of school wearing a sign announcing who he or she is, how he or she is unique and how you may best assist him or her in being transported. You will be able to obtain some of this necessary information by talking to parents and to education specialists. Most of the remaining information should come from your interaction with the child.

As an assistant driver you may sometimes be confronted with difficult situations involving children with handicapping conditions and the adults in their lives. Being the most accessible, direct link between the home and school, you have the opportunity to turn a potentially negative interaction into a problem-solving mechanism. The tactful way in which you communicate with parents and teachers allows you to become an active participant in the communication process.

COMMUNICATION WITH THE TEACHER

As team members, you and the teacher should communicate with each other even before problems arise. If you establish a working relationship early, some problems may be entirely avoided, while others may be more easily received. If serious problems do arise, you will have an ally in getting the necessary help.

ENCOURAGING OPEN COMMUNICATION

1. Ask teacher(s) if there are any specific recommendations for managing each child on your bus. For example, it is useful to

NOTES	CONTENT

know how individual children react to being touched. While some children require a touch on the arm or shoulder for reassurance, security or comfort, other children reach negatively when you reach out to touch them. The teacher may also be able to suggest effective techniques for controlling a disruptive child.

2. Enlist the teacher's aid in making the trips to and from school a part of the school day. Information about bus safety procedures should be taught in the classroom. Ask the teacher to work on improving specific behavior skills on the bus. Riding the bus successfully is an important aspect of developing independence and should be included in the curriculum.
3. For those children with specific behavior problems on the bus, use the form, "Note to Teacher." Give a verbal report for those children who have shown improvement in their bus behavior and for those who are continuously good passengers.
4. If you must report a child's repeated inappropriate or unsafe behavior to the teacher, ask the teacher to discuss the problem with the parents. Then, you can use the form, "Behavior Report to Teacher," for making this formal request and for reporting specific behavior problems. Ask the teacher to inform you of the results of the parent-teacher conference.

If you wait for problems to arise before you establish communication, this increases the chance that conversations with the teacher will take place in a negatively charged atmosphere. In that atmosphere, open communication becomes difficult, if not impossible, to maintain.

COMMUNICATING WITH THE PARENT

If you take the initiative in talking with parents about their child, you can begin to establish positive communication:

1. When appropriate, discuss each child's condition with his or her parent, i.e., diabetes, heart condition, convulsions.
2. Review with the parent the services you provide for the child, such as curb-to-curb service.
3. Ask the parent where the child will be waiting during bad weather. Explain that the child should be waiting in a place agreed upon by the parent and school district. If an authorized person is not at home to receive the student, keep him or her on the bus; after the run is completed, make arrangements with the school or transportation officials to care for the student until the parent (or other responsible person) has been contacted.
4. Find out who will receive the child when the bus brings him or her home in the afternoon. If someone other than the parent is to receive the child, inform the parent that Board of Education policy requires their written authorization before you can follow such instructions. Express your concern for the child's safety and explain that you are not permitted to leave the child unattended or with strangers.
5. Tell the parent he or she will be informed of any changes in route which will alter the child's scheduled pick-up and discharge time. Be sure to give the parent two to three days notice.

As the communication link between the home and school, parents of a child with a handicapping condition may expect you to handle problems which are the responsibility of the school administrators and teachers. Parents direct these problems to you simply because you are a highly visible representative of the educational system.

NOTES	CONTENT
	Although most parents of children with handicapping conditions cope well with the problems they face, others experience great difficulty and frustration. This general sense of frustration may be directed toward those who assume significant roles in the child's life; for example, teachers, bus drivers, assistant drivers and health professionals. A parent overwhelmed by the problems of a child with a handicapping condition often hopes and expects that the professionals will have the answers, solve their problems and remove their burdens. To understand these feelings, you need only put yourself in their place. For the parents of a child with a handicapping condition, the problems exist twenty-four hours a day, seven days a week, fifty-two weeks each year. By developing empathy for the parents of the children you transport, you will be able to communicate with them more effectively. For example, if a parent asks you about his or her child's behavior on the school bus, remember to speak in a professional manner. If you have the opportunity, mention how well the child behaves on the bus. If this is not appropriate, do not tell the parent his or her child is bad; instead, tell him or her the child's behavior is not always appropriate; that the child is easily upset; has a tendency to throw objects around on the bus; will not keep his or her seat belt on; uses foul language on occasion, etc. Describe examples of the child's behavior rather than giving the parent a general condemnation of the child. With this information, the parent and/or teacher may be able to tell you specific methods for managing the child more effectively. As a member of the education team providing services to the parent and the child, your professional attitude will make your job easier and more pleasant. If a parent approaches you with angry, heated words, maintain your composure and do not respond with your own angry

words. Instead, listen calmly and speak respectfully; try to understand why the parent is acting in this manner. Quite often, a parent just wants someone to listen and to understand his or her problems. When it is helpful, refer the parent to the Transportation Handbook which outlines the responsibilities of the various persons involved in the transportation process.

COMMUNICATING WITH THE STUDENT

The children you transport to school are your children for one or two hours a day. You are in a position to effectively bridge the gap between their home and school. The children on your vehicles are people who deserve and need respect and encouragement. They have good days and bad days as we all do. If you are going to tell them when they have misbehaved, be sure to also tell them when they have done well.

Remember that communication is a two-way street. Encourage the children to talk to you and, when they do, listen to them. Children are more willing to listen to you when they feel you listen to them. By establishing open communication with the children you are building an important and useful relationship.

Maintaining communications with parents, teachers and students will make your job easier and more rewarding. Keep in mind that communicating is not only a way to solve problems; it is also a way to prevent them.

ASSISTANT DRIVER'S UNIT III

REVIEW QUESTIONS

PART I

Answer these questions TRUE or FALSE.

1. The bus driver is responsible for insuring the safety and welfare of the children transported on the vehicle.
   T ____
   F ____
2. The assistant driver should sit in the front of the bus in the afternoon when the children are going home from school.
   T ____
   F ____
3. Assistant drivers are to step from the vehicle and assist children who are about to enter or leave the vehicle, if necessary.
   T ____
   F ____
4. The assistant driver is to make sure the children wear their seat belts.
   T ____
   F ____
5. The assistant driver opens and closes the doors of the hydraulic lift.
   T ____
   F ____
6. Only one child is to be placed on the hydraulic lift at a time.
   T ____
   F ____
7. If a vehicle does not maintain the route and time schedule, the bus company can receive a financial penalty.
   T ____
   F ____
8. Bus drivers and assistant drivers should not talk to the teacher about a student's behavior on the vehicle unless there is a serious problem.
   T ____
   F ____
9. Bus drivers or assistant drivers should ask the parents if there are any medical problems with their children.
   T ____
   F ____

PART II

1. How long should the bus wait for a student at the pick-up point?

2. Why is it important that the bus driver and assistant driver establish communication lines with parents, teachers and students?

3. List five transportation safety rules and procedures that students should follow.

4. Name two of the the three general responsibilities of the school bus driver to his or her students.

5. Name three of the responsibilities of an assistant driver.

6. Name three responsibilities of parents.

7. Name three responsibilities assistant drivers have to a parent.

Indicate if the responsibility is of

(a) driver (b) student (c) principal (d) assistant driver

8. To work with bus drivers in matters pertaining to transportation of students, i.e., unloading and loading at school sties, behavior problems, etc.

_________(a) _________(b) _________(c) _________(d)

9. No bus shall be loaded beyond the capacity indicated on the approved inspection sticker.

_________(a) _________(b) _________(c) _________(d)

10. No pupil shall be permitted to leave the bus except at his or her regular stop, unless written permission has been given by the parents.

_________(a) _________(b) _________(c) _________(d)

11. Pupils crossing the highway shall pass in front of the school bus at least ten feet ahead of it.

_________(a) _________(b) _________(c) _________(d)

12. Leave no books, lunches or other articles in the bus.

_________(a) _________(b) _________(c) _________(d)

ASSISTANT DRIVER'S UNIT IV

BEHAVIOR MANAGEMENT TECHNIQUES

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OBJECTIVES

By the end of this unit, assistant drivers should be able:

1. to understand the impact of early life experiences as they influence later personality development.
2. to learn how to use successful experiences to teach and encourage desirable behavior in children.
3. to understand the importance of setting realistic standards so that success can be achieved and feelings of self-worth developed.
4. to demonstrate how predictable, consistent and fair treatment of children encourages stability.
5. to develop guidelines for making and enforcing rules.

OVERVIEW

NOTES

CONTENT

This unit is designed to help assistant drivers understand and manage behavior problems on the vehicle. Emphasis is placed on developing a sensitivity to the special needs of children with handicapping conditions. The unit suggests ways the assistant driver can develop positive relationships with their passengers and promote appropriate behavior even during potentially stressful encounters.

One of the most difficult aspects of your job as an assistant driver is managing behavior problems that occur during the bus ride. Children with certain types of handicapping conditions have difficulty exercising self-control, knowing how to behave appropriately and relating to others in a group situation such as the one on a school bus. By observing these children, you will learn to recognize the warning signals of the child who loses control easily.

Physical and mental limitations account for only some of the problems of children with handicapping conditions. The reasons why a child in a wheelchair requires special transportation are obvious. The reasons why a child with an emotionally handicapping condition requires special transportation are often not as obvious. Even though some of the children on your bus do not look different from other children their age, their behavior sets them apart. They are not "bad" children, but children with emotionally handicapping conditions. If these children were able to consistently behave in an acceptable way, they would not be in special classes and they would not be riding on your bus. An emotionally handicapping condition can be just as incapacitating as a physically handicapping condition.

The reason why assistant drivers are on school buses helping to transport children with handicapping conditions is that these children require special attention. Some

OVERVIEW

NOTES	CONTENT
	children require assistance in fastening the seat belts; others need help in getting on and off the vehicle; and still others require supervision, if appropriate behavior and order are to be maintained on the ride to and from school. In this unit we will discuss the use of techniques that will help you prevent and manage behavior problems.

EFFECTS OF PHYSICAL HANDICAPPING CONDITIONS

NOTES	CONTENT
	Physically handicapping conditions limit a child's opportunity to experience new things. The child confined to a wheelchair might never be able to ride a bike, roller-skate or simply run and enjoy the sensation of spontaneous movement. These things might seem minor, but when you think about the many other things a child confined to a wheelchair might not experience during his or her childhood, you can appreciate the emotional strength of these individuals. Group activities involving the use of one's ears, eyes and limbs may also be limited. The blind child will probably never play football, baseball or basketball. These experiences may not be so earthshaking to the person who has tried these sports and has found he or she does not care for them, however, they can be to the child who is never afforded the opportunity to like or dislike participation in these sports. Needless to say, the intent here is not to generate sympathy for these children, but to promote understanding. Learning and socializing skills are often limited because of reduced mobility associated with physically handicapping conditions. The extent of the limitation depends upon the nature of the child's condition. For example, the child who is confined to a wheelchair is not able to go to the library or cultural affairs as often as the child without a handicapping condition, limiting his or her opportunity to learn. Most of the time such children must depend on someone else for help in these situations. This type of attention is time-consuming for the parent who pays for someone else to provide it. Another example might be the blind child who might attend a limited number of concerts, however, the limitation is multiplied by the fact that he or she cannot see the performances. Economic and social circumstances limit every individual to some extent. Subsequently, the limitations of children

NOTES	CONTENT
	with physically handicapping conditions might be put into their proper perspective. They should promote a better understanding of these conditions and not generate unwanted sympathy.

EFFECTS OF MENTAL AND EMOTIONAL HANDICAPPING CONDITIONS

NOTES	CONTENT
	Limited opportunities to experience new things, to learn and socialize are just some of the problems of children with mentally and emotionally handicapping conditions. They often have far more negative experiences than children with physically handicapping conditions. Generally speaking, they also do not learn as quickly and, therefore, experience more failures. Often, these children are rejected or humiliated because of their handicapping conditions. As a result, they develop behavior patterns which make them difficult to manage, not only while on the bus, but in the classroom and at home as well. It should be noted that these behavior patterns are sometimes caused by the handicapping condition itself.

EARLY EXPERIENCES INFLUENCE BEHAVIOR

NOTES

CONTENT

A child's preschool experiences contribute to the development of his or her personality. Relationships with parents, brothers, sisters and friends influence this personality. For some children, the nature of their condition interferes with their ability to form satisfying relationships and learn appropriate behavior; for others there is a minimal effect. It is not the parents' fault, nor the teacher's, that these disturbing behavior patterns develop; it is the nature of the handicapping condition. Assistant drivers should be aware of these circumstances and subsequently they should respond to inappropriate behavior with understanding. There is still much to learn about what causes these handicapping conditions and the most effective way of teaching these children how to cope with them successfully.

We do know that positive experiences and success help a child learn and influence the way a child behaves. Negative experiences also affect a child and what he or she learns and can contribute to the development of emotional or behavioral problems. Children with handicapping conditions frequently have more negative experiences in their lives than do other children because they:

1. may not learn as quickly as other children.
2. may experience failure more often than other children.
3. may not be praised for their accomplishments as frequently as normal children.
4. may be rejected, socially isolated, criticized, punished and humiliated as a result of their condition.
5. may have extreme emotional responses as a result of failure.

EARLY EXPERIENCES INFLUENCE BEHAVIOR

NOTES	CONTENT
	For many children with handicapping conditions, every situation presents some obstacle, every encounter some kind of threat. Even what appears to be a simple task for you might be extremely difficult for a child with a handicapping condition. For example, a hard-of-hearing child may seem to be disobeying you when not following your instruction to change seats. In fact, he or she simply may not have heard you. A mentally retarded child who curses and pokes another child might not be angry but actually trying to communicate in the only way he or she knows. Under situations of emotional stress or fatigue, even the most responsible and reasonable person might behave in an unusual way. The quiet person "blows up;" the happy person cries. Knowing what preceded and, perhaps, triggered an outburst, often helps in understanding why it occurred under those circumstances.

NOTES	CONTENT

Your positive response to a child promotes a feeling of success and the desire to experience success again. A smile, a hug or a friendly word can help a child feel good about himself or herself and teaches self-worth. When others show children that they are pleased with their behavior, it reinforces and encourages that type of behavior. When children know that you genuinely like them - even though you do not approve of some of their actions - maintaining discipline will be easier.

Children with handicapping conditions have been disappointed by important people in their lives. They may think *you* do not "like" them because of the way they have been treated by *others*. This may cause them to act in a hostile or belligerent manner, especially towards someone viewed as an authority figure. This negative behavior can be upsetting, particularly if you are trying to form a positive relationship with that child.

Obviously, you will feel hurt if a child answers your friendly greeting with, "I hate you." Recognizing and understanding the causes of the child's extreme reaction can help you ignore it and continue to try to build the positive relationship which is essential for the child's welfare and for maintaining order and discipline on your vehicle. Your goal is to establish feelings of goodwill and trust between you and each child on your bus. By doing so, you will build the relationship you need to establish and maintain control in a difficult situation.

DEVELOPING POSITIVE RELATIONSHIPS

NOTES

CONTENT

Along with the bus driver, you are responsible for the welfare of the children who ride the bus. The experiences they have while being transported play a significant part in their adjustment to school. The school day for a child with a handicapping condition begins and ends on your bus. Your ability to relate positively to children with handicapping conditions contributes to the well-being of your passengers and the safe operation of the vehicle. It is essential that you learn how to influence your children's behavior so that they:

1. board the bus safely.
2. cooperate and enjoy the ride.
3. know and observe the rules for proper conduct.

In your responsible position, you can do much to foster positive relations with your passengers. Here are some suggestions for you to consider:

1. Be courteous.
2. Control your temper.
3. Treat each child fairly.
4. Speak firmly, but avoid threats.
5. Respect the rights and privileges of the children.
6. Avoid the use of violence.
7. Never use sarcasm.

Specific techniques that can be utilized in an effort to develop positive relationships are:

1. Setting goals and standards.
2. The individual approach.
3. How to use humor.

SETTING GOALS AND STANDARDS

Realistic standards of behavior create an environment in which most of your children can achieve success. Too much pressure placed on a child guarantees outbursts of disruptive behavior. If standards of behavior are too high for children to meet successfully, they become discouraged.

Children can be helped to understand and aim for the most desirable behavior. For example, when a child habitually uses obsenities as a means of expressing himself or herself rather than as an attack on another child, these words should be ignored. You could, however, point out other ways he or she can express emotions that are more socially acceptable. On the other hand, when curse words are employed as threatening gestures or as a prelude to a physical assault, your intervention becomes necessary.

Expectations for behavior should be based on the individual characteristics of each child. Two children might behave in the same way, yet your response to each should be consistent with the nature of the handicapping condition and should not differ from responses given under similar circumstances. If a child who always uses his or her seat belt removes it, you should insist that he or she put it on again. If a child who has previously refused to use a seat belt wears it for only five minutes before removing it, you should comment favorably on the desirable behavior. The child should also be helped to understand that he or she is eventually expected to wear it for the entire trip. In this way, you avoid the inevitable frustrations resulting from forming expectations that are impossible for a particular child to meet. "Midway" goals children can achieve give everyone a feeling of success. When children know what behavior will be tolerated and what actions are unacceptable, they feel more secure.

Even though your rules may be continually tested, all children, whether or not they have a handicapping conditions, need realistic limits placed on their behavior.

THE INDIVIDUAL APPROACH

By taking into account how children feel about themselves you will be able to select an effective approach to each child. Be tactful in your approach to the children. Sarcasm, empty threats or fear do not teach positive behavior, they merely encourage rebelliousness.

Find something nice to say to a child rather than criticizing. If a child stays in his or her seat for a few minutes longer than usual, compliment this behavior. Notice any improvement in the behavior of a child and let him or her know that you have noticed it. By commenting favorably on appropriate, helpful behavior, you let children know that they can receive attention without having to resort to being disruptive. If necessary, mention how nice a child looks in the morning or comment on a new article of clothing. Your willingness to relate to desirable behaviors can help develop a positive feeling in the child and may help reduce negative aspects of behavior. Do not expect this to work immediately. It will take time and require a great deal of patience from you. However, your awareness of this approach as a technique to correct behavior that requires consistency and time can help you even though you may sometimes feel discouraged.

When children realize that you notice their efforts to do what is expected, they will gradually become more receptive to your correction of inappropriate behavior. Let the children know what behavior is not acceptable but be sure to tell them when they have behaved appropriately, even when it is for only a short time.

NOTES	CONTENT
	HOW TO USE HUMOR One of the most effective ways to establish rapport with the children is through the use of humor. Laughter can ease tensions that may arise on your vehicle. Sometimes it is necessary to be able to laugh at yourself or to appear to "lose face" in order to help a child maintain his or her self-esteem. However, avoiding or backing away from a confrontation is not the same as losing control. A sense of humor is very useful in helping children learn and use appropriate behavior on the bus.

CONSISTENCY CREATES SUCCESS

NOTES	CONTENT
	You can strengthen or weaken certain behaviors by your response to that behavior. A consistent response can either encourage the child to repeat the behavior or teach him or her that a particular action is going to cause a negative reaction from you. In this way, a child learns to expect certain consequences as a result of his or her behavior and is motivated to change that behavior in order to get a positive response. It is not easy to respond consistently each time a child misbehaves. Although it may be easier to ignore misbehavior when it is not too serious, a child can become confused about the behavior in question if your response is not consistent. For example, children are required to fasten their seat belts and keep them fastened. If you do not remind the children to fasten their seat belts, when they fail to do so, they will not take the rule about wearing seat belts seriously. The children may think that it is all right to ignore this rule. This may lead to a confrontation with a child who may not even realize he or she is violating a rule since the rule has not been reinforced consistently. Behavior that leads to a positive response tends to be repeated. When a child waits at a building door to call, "Hi!" and you respond with a greeting and a smile, that child will probably repeat the greeting the next morning because your response made him or her feel good. If you do not respond to the child's greeting there is less chance of a similar greeting when the bus arrives the next morning. Children tend to rebel against extremely inconsistent behavior; it confuses and frightens them. With too little organization, they do not know what to expect. Routines help children satisfy their need for regularity and predictability. To the child, consistency means:

NOTES	CONTENT

1. "Every time I fail to arrive at the bus stop on time, the bus will leave without me."
2. "Every time I get out of my seat during the bus ride, the assistant driver will return me to my seat."

To you, consistency means:

1. "Every time Johnny is late, I request that the bus leave."
2. "Every time Johnny leaves his seat during the ride, I will take him back to his original seat."

A child may cope with difficult situations more effectively when he or she knows that your behavior is reliable. Through your consistent behavior, you become a source of security and well-being.

Whenever part of a routine situation changes, it creates a "new" environment for the child. When this happens, the child needs to know if the remaining factors in his or her environment are still stable. He or she may test the new situation to determine if the old rules are still in force. Whenever possible, tell the children of any changes in their routine before they occur and what they can expect to remain the same.

Sometimes a child becomes hostile if there are changes in routine, such as a new pick-up point. He or she may "act out" by not following rules usually observed. This "acting out" behavior may be a way of testing if everything has changed or just his or her pick-up point. Your consistent response assures a child that the routine is steady and predictable.

ROUTINES

Children with handicapping conditions view routines as essential for stability. Mental age and emotional stability, to a large extent, determine how much a child depends on routine. Whenever part of a routine on a route changes, it creates a "new environment." When this happens, a child needs to know if the remaining environment factors are still stable. He or she may test the new environment to determine which old rules are still applicable. To avoid testing that could be disruptive on your bus, tell your passengers of any changes in their routine before they occur and what they can expect to remain the same.

Lack of communications about changes can create hostility. When this happens, children may "act out" by not following rules they normally observe. The acting out behavior may be a way of testing the degree of change or it may be a pick-up point. Ultimately, your consistent communication assures a child that the routine is steady and predictable.

GUIDELINES FOR MAKING RULES

NOTES

CONTENT

Fair and reasonable rules help establish you as an authority figure without provoking a challenge from the children. On the bus, the children should not be required to behave as though they were still in school. If they can relax and enjoy the bus ride, they will develop positive feelings toward you and the entire educational situation.

Establishing communication with the students on your vehicle is very important. Talk to the children. Explain the transportation safety rules to them. Listen to them. Learn what they do not understand about the rules and explain them to the children until they do understand. You will have to demonstrate the rules to some children, actually show them what they are to do and how to do it. In learning how to safely board, ride and exit from school vehicles, the children are acquiring skills and behaviors that can be used throughout their lives.

The way you tell the children what is expected of them effects how well they understand what you say and how responsive they are to your directions. Be serious and firm, but friendly, when you review the rules. If you tell the children what they are permitted to do as well as what they are not allowed to do, the rules will not appear punitive. Whenever possible, ask the children to participate in making the rules and ask them to tell you why the rules should be followed. Review the rules regularly because children with handicapping conditions may not understand what you say the first time you say it. For those children who have difficulty understanding verbal instructions, use gestures, pictures or physical directions.

Discipline does not consist of making rules for all possible situations. If you make too many rules, some of the rules might be conflicting and subsequently these rules will always be broken. Make rules that are simple and clear; reasonable and enforceable.

GUIDELINES FOR MAKING RULES

NOTES	CONTENT

When a rule is reasonable, it can be consistently enforced. "Sit in this seat," is a simple, clear rule. "No talking on the bus," is not a reasonable rule. A consistently enforced rule helps establish efficient routines.

If a rule proves unworkable, change it. If possible, explain your reasons to the children. Sticking to a "bad" rule just to be consistent is a serious mistake. If your techniques do not work immediately, do not blame yourself or give up. Allow the children enough time to learn to respond positively.

All rules and regulations regarding pupil behavior should be understood by the following people:

1. Assistant drivers
2. School bus drivers
3. Students
4. Parents
5. Teachers
6. School administrators

Although you are responsible for the children's conduct on the bus, the cooperation of the rest of the transportation team is essential. Teachers are responsible for training pupils in appropriate behavior. Your willingness to give the teacher time to create an atmosphere of calm before the children board the bus will make the ride more pleasant for you and your passengers. At the suggestion of the bus driver or assistant driver, the teacher may discuss the child's behavior on the bus with him or her or with his or her parents. Any sudden or extreme changes in a child's behavior on the bus should be brought to the attention of both the teacher and the parents.

STUDENT CONDUCT RULES

NOTES	CONTENT
	Boarding the Bus
	1. Arrive at the bus stop on time.
	2. Wait for the bus on the sidewalk or shoulder of the road. Do not step in the street.
	3. Board the bus quickly without pushing or shoving.
	4. Fasten your seat belt.
	While the Bus is in Motion
	5. Remain seated throughout the ride.
	6. Keep your seat belt fastened.
	7. Talk quietly to your friends on the bus; no shouting or screaming.
	8. Keep hands, arms and head inside the bus.
	9. No objects are to be thrown on the bus or outside the windows.
	10. Behave reasonably toward the other children on the bus.
	11. No fighting or wrestling on the bus.
	12. Keep books and objects permitted on the bus, if any, out of the aisle.
	Leaving the Bus
	13. Go directly to the sidewalk or shoulder of the road when you get off the bus.
	14. If you must cross the street when you get off the bus, cross at least 10 feet in front of the bus where the driver can see you and go directly onto the opposite sidewalk or shoulder of the road when the driver motions you across. As an added precaution, you should look in both directions quickly after the bus driver motions you across.

REINFORCING A RULE

NOTES

CONTENT

1. Concentrate on one rule at a time.

    a. Every new rule changes a child's environment.
    b. Too many changes at once can be overwhelming.

2. Set a time limit. For example, seat belts are to be fastened before the bus leaves the stop.

3. Enforce the rule as completely as possible. Some children may only be able to handle part of the task. For example, a child may be able to bring the seat belt around his or her waist, but may need your assistance in fastening the buckle.

4. Prepare a plan of action you can use when a rule is broken. Know the way you would respond based on your evaluation of the personality of each child.

5. Consistently enforcing one rule discourages the testing of other rules. Each child's willingness to test a rule is different.

6. Ignore irrelevant behavior if the rule you established has been followed. Although this can be difficult, you should act as though the behavior has not occurred. For example, if a child is tapping his or her foot or making strange noises, but he or she puts his or her seat belt on, ignore the foot tapping and noises.

7. Children who express anger easily and often may express even more anger soon after a new rule is established. Allow the children to express their anger verbally without interference as long as it does not cause injury to someone else. Although a great deal of anger may seem to be directed at you, it is not a "personal" attack. The child has to express the anger and you happen to be there.

ASSISTANT DRIVER'S UNIT IV

REVIEW QUESTIONS

PART I

Answer these questions TRUE or FALSE.

1. An emotionally handicapping condition can be just as incapacitating as a low I.Q. T ________ F ________

2. Knowing what preceded a temper tantrum helps you deal with the behavior. T ________ F ________

3. Never let the children see you do something silly. T ________ F ________

4. If your techniques do not work immediately, give them up. T ________ F ________

5. Using threats is a good way to keep children in line. T ________ F ________

6. Making comparisons between "good" and "bad" children keeps everybody on their toes. T ________ F ________

7. Unrealistic expectations are frustrating for children. T ________ F ________

8. Letting a child know that you like him or her although you may not like a certain behavior is a good approach. T ________ F ________

9. Children feel secure when they know what to expect. T ________ F ________

10. If a child is obeying a rule, do not pay attention to irrelevant behavior. T ________ F ________

11. Students should not have input in the making of rules. They are too immature to understand the seriousness of the matter and will use whatever input they have to make only rules which reflect self-interest and tie the driver's hands through student rights clauses. T ________ F ________

12. When a rule is not enforced consistently, students may be confused as to what are rules and what the consequences of not obeying them are. T ________ F ________

13. We must be careful to respond in the same way to similar incidents regardless of the relationship or position of students' parents. T ________ F ________

PART II

1. List three negative experiences that can cause children with handicapping conditions to develop behavior problems.

2. What effect does a positive response have on a child's behavior?

3. List three guidelines for making rules.

4. What problems may arise if you make too many rules?

5. Why is it useful to preplan your response to behavior problems?

ASSISTANT DRIVER'S UNIT V

FIRST AID

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OBJECTIVES

By the end of this unit, the assistant driver should be able to:

1. Set priorities for treating severe injuries.
2. Recognize and treat symptoms of severe bleeding, stoppage of breath and shock.

NOTES

CONTENT

ASSISTANT DRIVER SAVES A LIFE

YOUR RESPONSIBILITY TO RENDER FIRST AID*

In spite of all precautions, accidents will happen. Assistant drivers must be trained to cope with accidents. Assistant drivers should be trained so that when an accident occurs, they know what to do. They should have confidence in their ability to meet the emergency and be able to create a feeling of confidence in the injured pupil.

The first objective of first aid is to save life. You must know how to apply the principles of first aid. First aid is the immediate and temporary care given to the victim of an accident or sudden illness until the services of a physician can be obtained. A victim will respond much more readily to treatment if he or she recognizes that a competent person is administering that treatment. Practicing the procedures in this unit will increase your competence in rendering first aid.

Common sense and a few simple rules are the keys to effective first aid. It is as important to know what not to do, as to know what to do. In case of an emergency, making mistakes could be disastrous to the injured person. You are more likely to act promptly and correctly if you learn only a few simple principles but learn them well.

---

*Adapted from state of Ohio

OVERVIEW

NOTES	CONTENT

Emphasis is placed on problems you may confront on the road. The procedures in this unit include:

1. Evaluation of injury and setting of priorities for treatment.
2. Maintenance of airway and respiration. (However, if severe bleeding is present, 2 and 3 are reversed).
3. Evaluation and treatment of bleeding.

Other first aid topics that are important but not urgent in the saving of life will be discussed only briefly to provide you with a general knowledge of first aid. Little attention has been given to the contents of the first aid kit and its use, because the most important equipment you have is your knowledge of first aid, not the number and types of splints, bandages and dressing in the first aid kit.

Where references are made to bandages or other equipment, use the cleanest materials available but do not delay first aid if clean bandages are not available. However, the first aid kit should contain a supply of 4" x 4" pads and similar clean bandages for covering wounds and stopping bleeding.*

The assistant driver should thoroughly learn the contents of the Red Cross Handbook, know how to use the equipment of the first aid kit and take a Red Cross course in first aid.

---

*Adapted from state of California

FIRST AID KIT

NOTES

CONTENT

CONTENTS AND LOCATION

The first aid kit should be easily accessible in a dustproof metal container located in the driver's compartment. The kit should contain at least the following items:

2 bandages (1" x 10 yards)
6 sterile gauze pads (3" x 3")
1 adhesive tape (1" x 25 yards)
12 plastic strips
2 triangular bandages (approximately 40" x 36" x 54") with safety pins
1 pair scissors
3 single unit sterile eye pads (1 per unit)

WHERE TO GET NEW SUPPLIES

FIRST AID KIT

NOTES	CONTENT
	Maintaining the Standard First Aid Equipment 1. Equipment should be inspected regularly (at least once a month) by the assistant driver or other qualified person. 2. Materials should be replaced periodically. 3. Every school bus should also carry "scented absorbent" to be used in case of sickness, for example vomitting, etc. 4. Every school bus first aid kit should include the Red Cross Handbook. 5. Older pupils should be instructed as to the location of the first aid kit and its use.

METHODS OF ACCIDENT PREVENTION

NOTES

CONTENT

There are three A's for accident prevention: Alertness, Anticipation and Awareness. By observing these three A's you can increase safety on your vehicle.

A. Alertness

Being constantly on guard for unsafe conditions and faulty equipment as well as immediately correcting or repairing them is the first step of accident prevention. Such safety procedures include, but are not limited to, checking safety belts, obstacles in the aisle, straps, wheelchair locks and restraining bolts. Any hazards or defects should be reported to the bus driver and/or head mechanic so repairs can be made.

When, despite your precaution and vigilence, accidents happen causing medical emergencies, your alertness can serve as an early warning system. It will put you on top of things, acting rather than reacting when a life is in the balance.

B. Anticipation

Asking the question, "What if...?" helps to anticipate situations that could lead to accidents and personal injury. Anticipation, then, is the second "A" of accident prevention. "What ifs" are questions you should constantly ask as you apply safety procedures. "What if the bus starts quickly before a child who has trouble with balance is seated and belted into the seat?" "What if you must evacuate the bus quickly?" In always thinking ahead, you are taking steps to reduce the chance that such events will occur and removing potential hazards.

C. Awareness

The third word in accident prevention is awareness. The assistant driver and bus driver will

NOTES	CONTENT
	want to be aware of pertinent medical information about all the children on their route. If the child, for example, has had convulsions the assistant driver and the bus driver should be aware of this medical condition. The same would hold true for a diabetic child or one with hemophilia. At first contact with parents, it is useful for the assistant driver to make inquiries regarding any medication that a child might be taking. The assistant driver should pay special attention to information from parents and school personnel about the primary and secondary disabilities of their students. This information may be recorded on a card file along with the child's name, address, telephone number, doctor's telephone number and where a child can be taken should a medical emergency occur. Not only is it advisable to be aware of the usual behavior of a particular child and the type of medical problems that child might experience, you will want to observe the behavior signs and symptoms which first signal when a child is beginnning to experience discomfort. These signs may often appear before the medical condition has reached emergency proportions and an awareness of them may save valuable time in applying first aid. For example, the grand mal seizure (major convulsion) is often preceded by an "aura," a general body stillness with the eyes staring straight ahead. This uneventful aura is followed by a period of bodily activity with the muscles tensing and the entire body twitching and jerking. This convulsion is followed by a loss of consciousness and a slow recovery period. Although there is nothing you can do when you recognize the "aura" to prevent the convulsion,

there could be time to make advance preparations. These preparations may involve moving near the child so that the child will not injure himself or herself by falling.

Awareness as a method of accident prevention is essential with children with handicapping conditions because certain such conditions may prevent the child from communicating his or her distress or even from realizing that an injury has been sustained. With an awareness of the child's medical problems and through careful observation, you may notice a problem long before the child is able to communicate it. Sometimes the nature of certain medical emergencies, such as an obstruction in the windpipe, the stoppage of breath or loss of consciousness, makes it impossible for the injured child to tell you he or she is in trouble.

Awareness extends to knowing the location of hospitals and fire stations along your route as well as other resources to be used in emergency situations. Tape a dime to the dashboard or other accessible place so that you will always have change for a telephone call.

SETTING OF PRIORITIES FOR TREATMENT*

NOTES	CONTENT

Accidents can occur before children get on the bus, while on the bus, or after they leave the bus. They can be caused by pupils, unclean conditions on the bus and contact with other people. Most accidents can be classified as controllable or noncontrollable by the driver. Controllable accidents are accidents caused by pupil carelessness, faulty equipment, unclean conditions on the bus and those resulting from improper operation of the vehicle. Noncontrollable accidents are those that occur (1) before passengers get on the bus, (2) immediately upon leaving the bus and, (3) as a result of another driver's negligence.

GENERAL EMERGENCY PROCEDURES

1. The bus driver or assistant driver should call the local emergency number, giving information concerning the location of the accident, the nature and possible extent of injuries sustained, the first aid supplies available at the scene of the accident and what first aid is being given. After requesting police and ambulance service, the school bus driver or the assistant driver should contact the school district officials or the company employing the driver.

2. Either the assistant driver or the bus driver should remain on the bus to insure the safety of the other children and to render additional first aid treatment.

3. The child involved in an accident or sudden illness will respond much more readily to treatment if you provide first aid in a competent, self-confident manner. If, on the other hand, you lose your self-control and panic, the victim's anxiety level will be heightened making first aid treatment even more difficult.

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*Adapted from state of California

SETTING OF PRIORITIES FOR TREATMENT

NOTES	CONTENT

4. In case of accidents or sudden illness, follow these basic first aid do's and don'ts:

   a. First Aid Do's

      1. Keep onlookers away from the injured person.
      2. Maintain your self-control.
      3. Send for medical attention, if necessary.
      4. Keep the person quiet - preferably lying down and covered to prevent shock.
      5. Control bleeding.
      6. Treat for shock.
      7. Clean and cover wounds.

   b. First Aid Don'ts

      1. Don't move the person unless absolutely necessary.
      2. Don't panic.
      3. Don't administer internal medication.
      4. Don't remove foreign particles or objects from the eye.
      5. Don't disturb blood clots.
      6. Don't touch wounds with unclean hands.
      7. Don't apply antiseptics to broken skin.
      8. Don't allow person to see his or her injury if possible.

5. First aid mistakes can be of two types: (1) acts of omission (things we fail to do that should have been done); (2) acts of commission (things we do that should not be done).

   It is just as important to know what not to do as it is to know what to do. In a life threatening situation, mistakes can be fatal to the injured person.

SETTING OF PRIORITIES FOR TREATMENT

NOTES

CONTENT

You must make three evaluations in establishing priorities for treatment: condition of scene, types of injuries and need for immediate treatment.

EVALUATION OF THE SCENE

Several types of situations require high priority action. For example, if fire is present, the most urgent action is to remove everyone from its danger. Don't give any first aid treatment until everyone is safe. If someone appears to have been electrocuted, the most urgent action for a first aider is to remove the person from the electrical source while simultaneously protecting himself or herself and others from also being electrocuted. Use a completely dry stick to lift off an offending wire. Do not touch the injured person until he or she is removed from contact with the electrical source.

If a person is drowning or is in the presence of a dangerous gas, such as chlorine or ammonia, do not attempt to rescue him or her unless you are sure that you can do so without becoming a victim yourself. Often, a few seconds delay will give you enough time to find an alternate, safer way to rescue the person.

EVALUATION OF INJURIES

At least three types of injuries require prompt attention:

1. Severe bleeding. If a person is bleeding profusely, he or she may be dead in less than two minutes. Severe bleeding refers to massive life threatening loss of blood from a severed major artery such as the carotid artery, brachial artery or femoral artery.

2. Blocked airway or stoppage of breath. Most people can be saved if they start breathing on their own or artificially within two minutes. If breathing has been stopped for five minutes, there is only a 25 percent chance of saving the victim. It is, therefore, important to note the time at which breathing stopped.

SETTING OF PRIORITIES FOR TREATMENT

NOTES

CONTENT

3. Shock. In shock, the vital body functions are depressed. Death may result if the person is not treated promptly, even though the injury which caused the shock is not severe enough to cause death.

PRIORITY FOR TREATMENT

A school bus accident may involve injury to a number of people. If several people are injured and the scene permits you to begin treatment promptly, treat severe bleeding first, then move quickly to those who have stopped breathing and still have a chance for survival. Then, move to less urgent injuries. Whenever possible, treat a person where he or she is found. Do not move an injured person unless absolutely necessary and then only when the extent of injury has been determined and such movement is deemed safe.

Before you move any sick or injured person, bleeding should be stopped, breathing should be established and shock should be treated.

If there is great urgency to move an injured person, drag the person on the long axis of the body pulling by the hands (stretched back behind his or her head), or by the shoulders. If possible, place beneath the injured person a coat or a blanket on which he or she can ride or be pulled.

There is always the possibility that you may be injured in the accident also. You should, therefore, be able to direct students in first aid practices in the event you are injured. Decide which of your regular passengers might be most capable of assisting you during an emergency.

NOTES:

EVALUATION AND TREATMENT OF BLEEDING*

NOTES

CONTENT

Use the following procedures in the evaluation and treatment of bleeding.

EVALUATION OF BLEEDING

When treating a bleeding injury, determine the type of bleeding and the amount of blood lost. You must be able to recognize three types of external bleeding:

1. Capillary oozing. Injuries to capillaries or small veins are indicated by a steady ooze of dark-colored blood.
2. Venous bleeding. Bleeding from a vein is indicated by a flow of dark-colored blood at a steady rate.
3. Arterial bleeding. Bleeding from an artery is indicated by bright red blood, flowing swiftly in spurts or jets. This may sometimes be mixed with venous bleeding, in which case the blood will be slightly darker in color.

When evaluating the severity of bleeding, remember:

- Blood dripping slowly from the wound is generally not serious and can be controlled.
- Blood flowing in a small, steady stream or in small spurts may be serious and can be controlled.
- Blood flowing in a heavy stream or in large spurts indicates a serious condition, and a first aider must attempt to bring it under control immediately.

Bleeding needs immediate attention. Even the loss of small amounts of blood will produce weakness and can cause shock. The loss of as much as a pint of blood by a child, or a quart of blood by an adult, may have disastrous results.

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*Adapted from state of California

NOTES

CONTENT

CONTROL OF BLEEDING

Direct pressure. The main step in controlling bleeding is for the first aider to exert direct pressure over the wound area. This is done by placing the cleanest material available (preferably a pad of sterile gauze) against the bleeding point and applying firm pressure with the hand until a bandage can be applied.

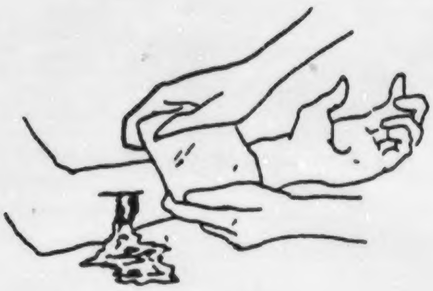
To bring bleeding under control, follow these steps:

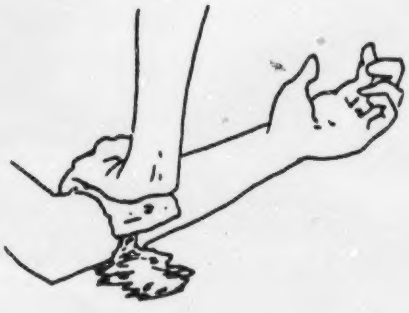
1. Apply dressing or pad directly over wound.
2. Apply direct, even pressure, using bare hand if necessary when bleeding is serious and when dressing is not immediately available.
3. Leave dressing in place.
4. Continue pressure by applying bandage.
5. Secure bandage in place, checking to be sure bandage is not too tight and thus cutting off circulation.
6. Elevate limb above heart level except when there is a possible broken bone.
7. Treat for shock.
8. If blood soaks through dressing, do not remove but apply more dressings.

NOTES:

To stop bleeding, apply a dressing pad or a bare hand directly over the wound and elevate, applying pressure.

Continue the pressure until the bleeding has stopped or slowed to the point that you will be able to apply a bandage. Do not hurry to remove the pressure.





Then apply a bandage over the dressing to continue the pressure and thus control the bleeding. Check the bandage after the knot is tied to be sure it is not too tight and is not cutting off the circulation.

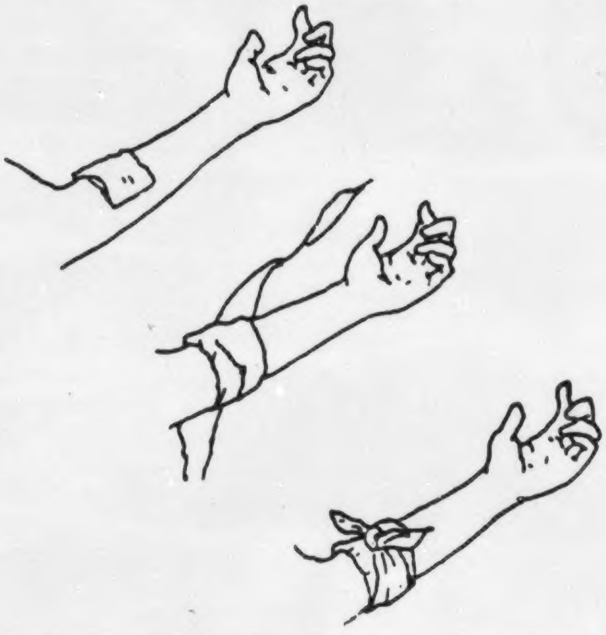


Figure 1. Using Direct Pressure to Control Bleeding*

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*Adapted from state of California

NOTES

CONTENT

Pressure points. If direct pressure does not control bleeding, pressure on an artery (pressure point) close to the wound is necessary.

The point selected must be between the heart and the injury. To control bleeding in this manner, find one of these pressure points:

1. Temporal artery. The temporal artery is located in the hollow just in front of the ear.
2. Facial artery. The facial artery is located in the small crevice about one inch from the angle of the jaw.
3. Carotid artery. The carotid artery is located deep and back on each side of the Adam's apple.
4. Subclavian artery. The subclavian artery is located deep and down in the hollow near the collarbone.
5. Brachial artery. The brachial artery is located on the inner side of the upper arm about three inches below the armpit.
6. Femoral artery. The femoral artery is located midway in the groin, between the crotch and the hip.

NOTE: Recent experience with pressure points to control bleeding suggests that emphasis should be made on the use of brachial artery and femoral artery treatment only. The driver should consult the Red Cross First Aid Handbook for more detailed diagrams showing the location of these important "pressure points," and for further steps in the treatment of arterial bleeding.

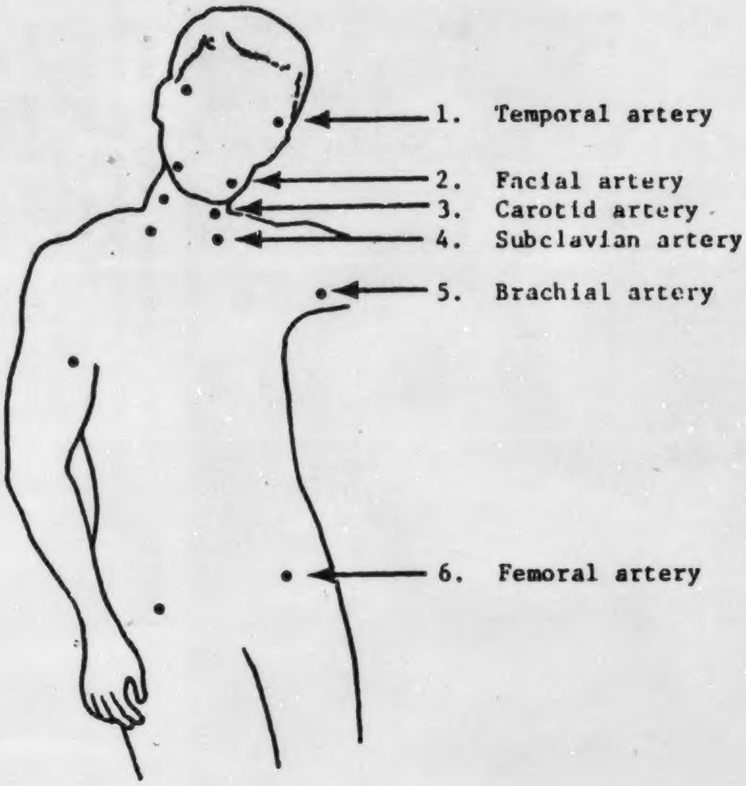
1. Temporal artery
2. Facial artery
3. Carotid artery
4. Subclavian artery
5. Brachial artery
6. Femoral artery

Figure 2. Pressure Points for Applying Arterial Pressure

NOTES

CONTENT

Tourniquet warning. A tourniquet applied to control bleeding is mentioned here principally to discourage its use. It is dangerous to apply, dangerous to leave on and dangerous to remove. It will cause tissue injury and stoppage of the entire supply of blood to the part below it. This causes gangrene and, subsequently, could cause loss of limb. A tourniquet is rarely required and should be used only for severe, life threatening hemorrhage that cannot be controlled with direct pressure or arterial pressure.

Applying the bandage. After bleeding has been controlled, do not remove the dressing used to apply direct pressure, even though blood may have saturated it. Apply additional layers of cloth to form a good-sized covering; then bandage the wound snugly and firmly.

A bandage that is too tight can cause further injury. Therefore, check the bandage periodically. Look for swelling around the wound. If it seems that the bandage is interfering with the circulation of the blood, loosen it.

Treating for shock. Anyone who has lost much blood will need treatment for shock. Even if the symptoms of shock are not evident, the patient should be kept warm and quiet.

NOTES:

PRACTICE IN CONTROLLING BLEEDING

NOTES	CONTENT
	Your instructor will first demonstrate the control of bleeding using direct pressure. Watch how he or she does it. Now observe the location of two pressure points and how to apply arterial pressure. Now you practice each method on another class member. Suppose you notice a student with severe arterial bleeding at the wrist. Demonstrate what you would do to control bleeding. NOTES:

MAINTENANCE OF AIRWAY AND RESPIRATION*

NOTES

CONTENT

Breathing may stop for many reasons:

1. The mouth or windpipe is blocked (by the tongue, blood, mucus or foreign object).
2. The brain centers that control breathing have stopped (drowning, electrocution, head injury, poisoning, drug overdose, alcohol overdose, heart attack or stroke).

With the above, the person may be blue in color and respiration may appear to have stopped, or he or she may be choking.

ARTIFICIAL RESPIRATION

Most persons can live about six minutes after breathing stops. Therefore, artificial respiration must begin as soon as possible after natural breathing has been interrupted, or when natural breathing is so irregular or so shallow as to be ineffective.

Artificial respiration is a method of getting air into and out of a person's lungs until he or she can breathe.

Mouth-to-mouth method. One of the simplest and most effective ways to give artificial respiration is by the mouth-to-mouth (or mouth-to-nose) method. This method is effective for both children and adults and can be used even when there are injuries to the chest and arms.

Follow these steps:

1. Place the person who has stopped breathing on his or her back.
2. Open his or her mouth and clear out foreign matter (food, dirt and so forth) with the fingers. If the person has false teeth, remove them).

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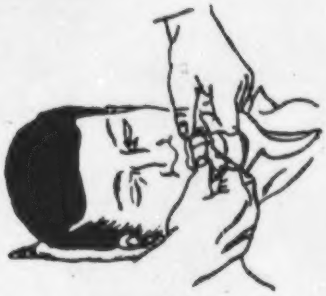
*Adapted from state of California

MAINTENANCE OF AIRWAY AND RESPIRATION

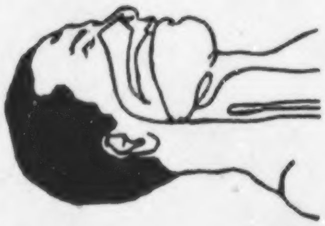
NOTES	CONTENT
	3. Place one hand, palm up, under the neck. Place the other hand, palm down, on the forehead and upward on the neck, thus tilting the head back and hyperextending the neck. This moves the base of the tongue away from the back of the throat so it does not block the air passage to the lungs. Unless this air passage is open, no amount of effort will get air in. 4. Blow air into a person's lungs through his or her mouth. Open your mouth wide and place it tightly over the person's mouth. With the thumb and index finger of the hand pressing down on the forehead, pinch his or her nostrils shut. Or close the victim's mouth and place your mouth over his or her nose. With an infant or small child, place your mouth over both his or her nose and mouth making an airtight seal. Air can be blown into a person's mouth even through clenched teeth. When the mouth-to-nose method is used, it may be necessary to open the patient's mouth or separate the lips to permit the air to escape during exhalation. 5. Breathe four times, as rapidly as possible, with adequate force to expand (raise) the chest. 6. Remove your mouth from the patient's mouth. Turn your head to the side and listen for the return outflow of air coming from the patient's lungs. If you hear it, you will know that an exchange of air has occured. 7. Continue breathing for the patient. Blow vigorously into his or her mouth or nose about 12 times each minute. Remove your mouth after each breath and listen for the exchange of air. In the case of an infant or child, blow less vigorously, using shallower breaths about 20 times a minute. 8. If there is not an exchange of air, turn the person on his or her side and strike him or her several times between the shoulder blades, using considerable force. This will help dislodge any obstraction in the air passages. Check the position of the head and neck. Finally, make sure there is no foreign matter in his or her mouth.

NOTES	CONTENT
	Normal breathing may begin after artificial respiration. If it does not, continue the procedure until medical aid arrives. Alternate with other persons, if possible, to maintain maximum efficiency. Cases of electric shock and drug or carbon monoxide poisoning may require artificial respiration for longer periods. The first sign of restored breathing may be a sigh or a gasp. Breathing may be irregular at first, therefore, artificial respiration should be continued until regular breathing resumes. When normal breathing resumes, the person usually recovers rapidly. However, be prepared in case he or she stops breathing again. NOTES:

A
Before starting any type of artificial respiration be sure that the mouth and throat are completely clear of mucus and foreign objects. Use your fingers to clean the mouth. You may cover fingers with a piece of cloth to help remove mucus and slippery objects.



B
The head must be tilted back to allow a free air passage, in this position, the base of the tongue is thrust forward away from the back of the throat.



C
Remember - Do not blow too hard. Your mouth and the mouth of the person receiving treatment should be wide open with a complete seal between them. Inhale more than usual before exhaling into person's mouth. In this way he or she will get more oxygen.

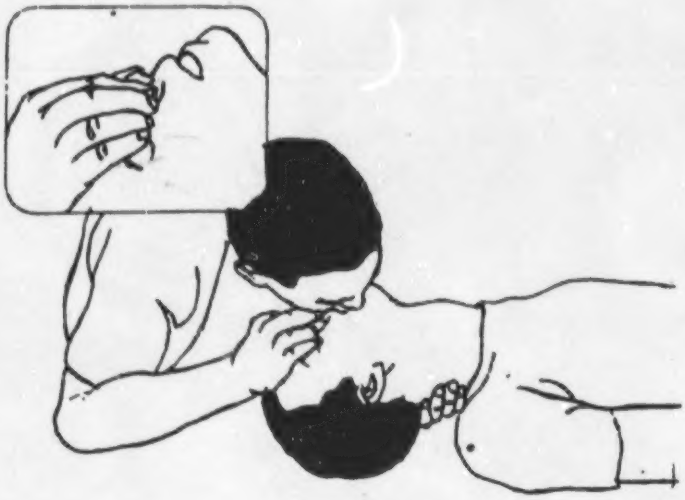


Figure 3. Mouth-to-Mouth and Mouth-to-Nose Method*

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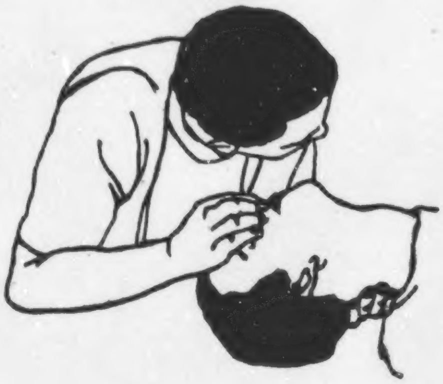
*Adapted from state of California

D
Pinching the nostrils prevents air from escaping through the nose. With your right or left hand, press upward on the neck and with your other hand press down on the forehead, tilting the head backward and hyperextending the neck.



E
This is the mouth-to-nose type of respiration with the lips being sealed by lifting the lower jaw with the left hand. It may be necessary to open the patient's mouth or separate the lips to permit the air to escape during exhalation. This would be used when an obstruction in the mouth cannot be removed or a severe mouth injury prevents proper contact.

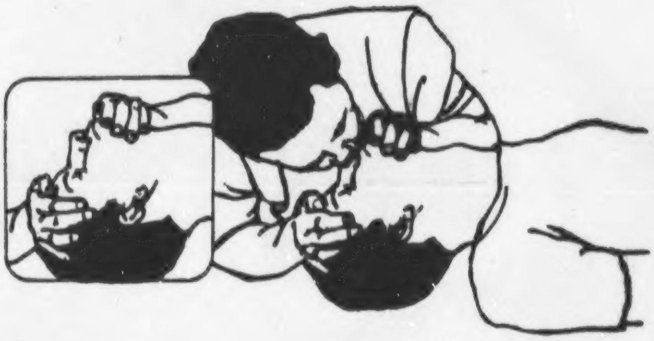


Figure 3. Mouth-to-Mouth and Mouth-to-Nose Method

PRACTICE IN ARTIFICIAL RESPIRATION

NOTES	CONTENT
	Your instructor will now show you the two methods of artificial respiration. When would you use the back-pressure arm-lift method? How does the mouth-to-mouth method differ when the injured person is a small child? Now you take turns practicing each method on a cardiopulmonary resuscitation mannequin. Your instructor will be around to observe. NOTES:

EVALUATION AND CONTROL OF SHOCK*

NOTES

CONTENT

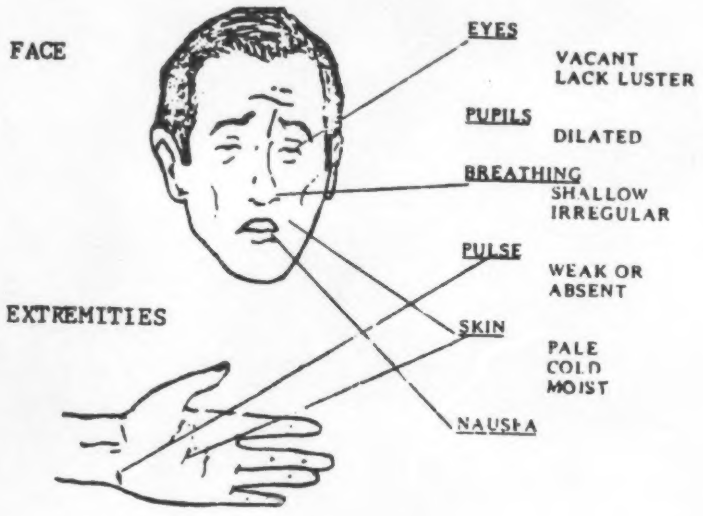
Shock may cause death if not treated promptly, even though the injury which caused it may not itself be enough to cause death.

The three most common causes of severe shock are inadequate breathing, excessive bleeding and unsplinted fractures. Correction of these will do much to correct the shock.

RECOGNIZING SHOCK

Shock is easily recognized: The skin is pale, cold and clammy with small drops of sweat particularly around the lips and forehead; the person may complain of nausea and dizziness; the pulse may be fast and weak, or absent and the breathing shallow and irregular; the eyes may be dull with enlarged pupils. A person may be unconscious or unaware of the seriousness of the injury and then suddenly collapse.

You should treat all seriously injured persons for shock, even though all of these symptoms have not appeared and the person seems normal and alert.


FACE
EYES
VACANT
LACK LUSTER
PUPILS
DILATED
BREATHING
SHALLOW
IRREGULAR
PULSE
WEAK OR
ABSENT
EXTREMITIES
SKIN
PALE
COLD
MOIST
NAUSEA

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*Adapted from state of California

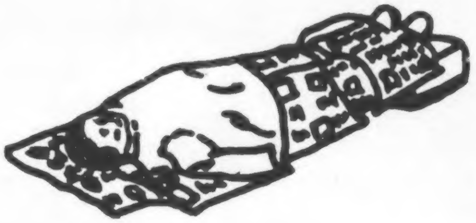
NOTES

CONTENT

CONTROL OF SHOCK

When treating for shock, follow these steps:

1. Have the injured person lie down.
2. Elevate his or her feet and legs 6 inches or more. This helps the flow of blood to the heart and head. If the person has received a head or chest injury, or if he or she has difficulty breathing, elevate his or her head rather than his or her feet.
3. Keep the person warm, but not hot. Place a coat, jacket, newspapers or any available covering under him or her. Depending on the weather, also cover him or her. Avoid getting the person so hot that he or she perspires, since this draws blood to the skin and away from the interior of the body where it is needed. On warm days or in a hot room, no covering is necessary.
4. If water is available, give the person some every 15 minutes, in small amounts if his or her condition permits. If he or she is unconscious, do not attempt to give anything to drink. If he or she vomits or is nauseated, postpone giving liquid until the nausea disappears.



NOTES	CONTENT
	5. Keep the person quiet. See that bleeding is controlled and injured parts are kept still. Assure the person that he or she will get the best care you can give. Reassurance is a potent medicine. NOTES:

PRACTICE IN TREATING SHOCK

NOTES	CONTENT
	Your instructor will now show you how to treat an injured person who has gone into shock (or who is in danger of going into shock). Now, you practice the treatment on another class member. NOTES:

NOTES	CONTENT
	Treatment for Other Injuries and Conditions A. Nose Bleeding 1. Have the patient sit up and tip his or her head back slightly. 2. Loosen the collar and anything tight around the neck. 3. Apply a cold compress over the nose. 4. Press the nostrils together for four to five minutes. 5. Avoid blowing the nose for a few hours. B. Foreign Bodies in the Eye 1. Do not rub. 2. Lift upper lid away from the eye and allow tears to wash the foreign body to the inside corner of the eye. 3. Do not attempt to remove an embedded body; hold a compress over the eye and consult a doctor. C. Bone Fracture (General First-Aid) 1. Do not move the injured person until medical aid has been secured. 2. Prevent further pain and damage by preventing motion of the injured part. 3. Make the patient comfortable and treat him or her for shock. D. Fainting 1. Have patient lie down with head low. Keep him or her lying down until he or she has completely recovered. 2. Loosen any tight clothing. 3. To ward off a fainting spell have the patient sit with his or her head hanging low between the knees and exert a slight pressure on his or her back.

NOTES	CONTENT
	E. Epileptic Seizure 1. Prevent patients from injuring themselves or other pupils. 2. Do not force a blunt object between the victim's teeth. 3. Place something soft under his or her head. 4. Make no effort to restrain the movement of the patient. 5. Give no stimulant. 6. Prevent breathing of vomit into the lungs by turning the head to one side and by turning the person on his or her stomack. 7. Loosen tight clothing (collar, belt, etc.) 8. After the seizure, allow the victim to sleep or rest. (Leave the patient undisturbed until he or she has fully recovered). 9. If convulsions occur again, get medical help.

OTHER INJURIES AND CONDITIONS

NOTES	CONTENT
	Can you think of any injuries or conditions that have not been covered? See Basic Manual, Unit VIII, Accidents and Emergencies, for details on accident procedures.

ASSISTANT DRIVER'S UNIT V

REVIEW QUESTIONS

PART I

Complete these sentences:

1. Before you can set priorities for treatment, you must evaluate:
   a. the scene for ____________________.
   b. types of ____________________.
   c. need for immediate ____________________.

2. Two types of injuries that require prompt treatment are:
   a. ____________________ bleeding.
   b. blocked ____________________ or stoppage of ____________________.

3. Which of the following conditions would you treat first?
   a. ____________________ not breathing
   b. ____________________ unconscious
   c. ____________________ bleeding heavily
   d. ____________________ broken arm

4. When might you have to move an injured person before you administer first aid?

5. With any serious injury, you should also treat the person for ____________________.

Check A, B or C:

6. Treating for shock, you should:

Place a coat, jacket, etc., under victim A ________

Put coat, jacket, etc., under and over sparingly according to temperature B ________

Put coat, jacket, etc., under and over and apply external heat C ________

7. If a car hits a power pole, what would you ckeck for first?

Hot wires A ________

Injuries B ________

Victims to be removed C ________

8. If a victim is not breathing, you should:

Call a doctor and wait A ________

Check airway, give artificial respiration B ________

Take victim to hospital C ________

9. If a victim has possible chest injuries and is not breathing, what method would you use?

Back-pressure arm-lift A ________

Mouth-to-mouth B ________

Rush to hospital C ________

TRUE or FALSE:

10. To minimize the effects of shock, keep the victim lying down and make him or her comfortable.
T ________
F ________

11. The tourniquet should be used only for severe life threatening hemorrhage that cannot be controlled by other means.
T ________
F ________

12. Whenever possible, a person should be treated where he or she is found.
T ________
F ________

13. If blood soaks through a dressing, remove dressing and apply another dressing.
T ________
F ________

14. A stick should be placed in the mouth to prevent tongue biting during an epileptic seizure.
T ________
F ________

15. Bone fractures should be treated by the bus driver before all other types of injuries.
T ________
F ________

16. Noncontrollable accidents may be the result of another driver's negligence.
T ________
F ________

17. The assistant driver and bus driver should be aware of important medical information for each child on their route.
T ________
F ________

18. Applying the principles of first aid takes the place of calling a doctor in an emergency.
T ________
F ________

19. There is no requirment for carrying a first aid kit on a school bus.
T ________
F ________

20. The New York State Education Department requires that three emergency drills be conducted on the school bus each year.
T ________
F ________

21. A person who is bleeding heavily should be treated for shock before any other first aid is administered.
T ________
F ________

22. In the event of an accident, the school bus driver should send for help.
T ________
F ________

23. A person can bleed to death in about two minutes.
T ________
F ________

PART II

Answer the following questions:

1. List the "3 A's" of accident prevention.

2. Define the term, "First Aid."

3. List three first aid "do's."

4. List three first aid "don'ts."

5. List the highest priority items requiring immediate first aid.